

LAKELAND JOINT SCHOOL DISTRICT NO. 272
PETITION REQUESTING A WAIVER OF THE ATTENDANCE POLICY

STUDENT: _____ GRADE: _____

This petition must be received by your school principal within ten (10) school days of the Notice of Credit Withheld in order to be considered for credit reinstatement for the current semester. The absences must prove to be extraordinary cases understood to be due to circumstances beyond control of the student, parent, and/ or school. This petition must be filled out entirely. Once this petition is received and the student has served all the necessary make-up hours, met the conditions of the contract, and attended the review hearing, your school principal will review the petition and a decision will be made regarding credit reinstatement.

Please use the space below to provide a detailed explanation of the reasons why the student has missed over 9 days in one or more of his/her classes and the reasons credit earned should be granted.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(Office Use Only)

Principal's Action:

This Petition and Contract are due: _____

Principal Signature: _____

Date: _____

LAKELAND JOINT SCHOOL DISTRICT NO. 272
CONTRACT FOR PETITION REQUESTING A WAIVER OF THE ATTENDANCE POLICY

Name of Student:		Date:
Names of Parents/Guardians :		

Because the student has violated the Lakeland School District's attendance policy, in order to have credit reinstated the following must be completed.

The Student Shall:

- ☐ Make-up work for each class from the days missed.
- ☐ Meet with the principal with all required documents (Petition, log of all made up work with teacher's signature, documentation of passing grades)
- ☐ Attend school and all assigned class periods every day.
- ☐ Arrive at school and every class period on time.
- ☐ Obey all school rules.
- ☐ Pass all classes by the end of the semester.

The Parent Shall:

- ☐ Ensure the student arrives at school on time each day.
- ☐ Monitor student attendance and grades in Skyward.
- ☐ Attend the review hearing with the student.

We agree to participate in the above agreement and understand that if we fail to abide by its terms, credit will not be given for any courses included in the petition.

Parent Signature_____Date:_____

Student Signature_____Date:_____