

**Formal Appeal for Absences  
Due to Extenuating Circumstances**

Office of Child Welfare and Attendance

2423 Sixth Street

Lake Charles, LA 70601

(337) 217-4230

Fax (337) 217-4231

Name: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ID# \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

My child was absent from school on the following dates: \_\_\_\_\_

\_\_\_\_\_

Reason for appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*\*\* Attach doctor's statement, if applicable \*\*\**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*For CWA Supervisor Use Only*

**Action of Supervisor:**

**Supervisor's Comments:**

Approved \_\_\_\_\_

\_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor's Signature**