



Request for Approval of Part-Time Daily Attendance

Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 280-98
November 2017

See [MCPS Regulation IHC-RA](#), *Part-time Daily Attendance for Secondary Students*

PART I—To be completed by the student and parent/guardian and submitted to the counseling office when a program requiring less than full-time daily attendance is requested and will provide an effective educational experience for the student.

Student's Name _____ MCPS ID# _____ Grade ____ School _____

Home Address _____ Phone ____-____-____

Reason for request _____

Transportation arrangements _____

We, the undersigned, understand that if part-time daily attendance is approved, the student will be permitted to be in the school and on school property at only those times specified in the planned program.

Signature, Student/Eligible Student _____ Date ____/____/____

Signature, Parent/Guardian _____ Date ____/____/____

PART II—To be completed by the student's school counselor and submitted to the principal.

Conference* was held with student and/or parent/guardian on (date) ____/____/____ to review the request.

**If the student has a disability, an Individualized Education Program (IEP) team meeting or a Section 504 meeting may be required to consider the parent/guardian request instead of a parent/guardian conference.*

Participants in conference _____

Does the student have an IEP or a Section 504 Plan? Yes* No

**If yes, contact the cluster supervisor (for students with an IEP). For students with a Section 504 Plan, contact the school Section 504 coordinator or the Section 504 case manager. The cluster supervisor or Section 504 coordinator/case manager will consult with the Resolution and Compliance Unit (RACU) and all completed copies of this form for students with disabilities must be forwarded to the supervisor of RACU. Transportation arrangements for students with disabilities will be reviewed by RACU.*

After discussion, the request for a part-time program was withdrawn.

A part-time program and schedule was planned. Yes No

Recommend approval Recommend disapproval

Enter Subjects for Each Period Scheduled

1	2	3	4	5	6	7	8

Reason for recommendation _____

Signature, School Counselor _____ Date ____/____/____

PART III—To be completed by principal/designee and returned to the student and parent/guardian

The request for authorization to attend school on a part-time daily schedule is:

Approved* Disapproved for the following reason _____

Signature, Principal/Designee _____ Date ____/____/____

* If approved, the student must be registered as a full-time resident student.