



# Very Important Parent (VIP) Service Program

## VIP Exemption Request

**Youngest Child's Name and Grade:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ **Father/Guardian:** \_\_\_\_\_

**Her Cell #:** \_\_\_\_\_ **His Cell #:** \_\_\_\_\_

**Her Work Phone #:** \_\_\_\_\_ **His Work Phone #:** \_\_\_\_\_

**Her Email:** \_\_\_\_\_ **His Email:** \_\_\_\_\_

***I/We would like to request an exemption because:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please continue on back if additional space is needed)

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use only: Request: <input type="checkbox"/> approved or <input type="checkbox"/> denied Notes:  Parent (s) notified of exemption on: _____  VIP Program Coordinator notified of exemption on: _____
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