



## HARDSHIP APPEAL AND LATE FILED APPLICATIONS

REASON FOR APPEAL REQUEST (both hardship appeals and late filed applications must be based on a situation or circumstance that will have a compelling and adverse state of misfortune for that student or their family's daily life:

THE INFORMATION BELOW MUST BE COMPLETED IF REQUEST IS DUE TO EMPLOYMENT AND/OR CHILD CARE HARDSHIP.

### STATEMENT OF CHILD CARE PROVIDER

As of the date of execution of this Affidavit, \_\_\_\_\_  
*Child Care Provider*  
provides before and/or after school child care to \_\_\_\_\_.  
*Student Name*

\_\_\_\_\_  
*Address of Child Care Provider* *Telephone of Provider*

\_\_\_\_\_  
*Child Care Provide Signature* *Date*

### STATEMENT OF EMPLOYER

As of the date of execution of this Affidavit, \_\_\_\_\_ provides employment to \_\_\_\_\_.  
*Employer* *Employee Name*

Work Hours \_\_\_\_\_ Work Days- M Tu W Th F Sa Su

\_\_\_\_\_  
*Company Address* *Company Telephone*

\_\_\_\_\_  
*Supervisor Signature* *Date*

SCHOOL USE ONLY	
STATUS:	APPROVED DENIED If denied, parents have the right to appeal to the district.
COMMENTS:	
_____	_____
PRINCIPAL	DATE

If the request is denied, provide a copy of this form to the parent and direct them to the Office of Student Services, 200 Reid Street, Palatka, FL 32177, (386)329-0538.

DISTRICT USE ONLY	
APPEAL STATUS:	APPROVED DENIED Constitutes final agency action.
COMMENTS:	
_____	_____
DISTRICT ADMINISTRATOR	DATE