Covington Independent Public Schools
Request to file failure to send child to school

Child has _____unexcused absence _____unexcused tardies

Juvenile
Name _____
Address _____Covington KY 410_____
Date of Birth _____
Social Security Number _____
Race_____ Gender_____
School_____

Parent/Guardian
Name _____
Address _____Covington KY 410_____
Does this person have legal custody? YES NO UNKNOWN
If no, who does have legal custody? _____
Address _____Covington KY 410_____

All interventions are attached, and were unsuccessful.

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