

**OECC
REQUEST FOR
EXTRA DAY ATTENDANCE**

(All request will be invoiced separately and due upon the day of attendance)

CLASSROOM: _____

CHILD'S NAME: _____

DAY & DATE OF REQUEST FOR EXTRA ATTENDANCE:

Monday: ____/____/____

Tuesday: ____/____/____

Wednesday: ____/____/____

Thursday: ____/____/____

Friday: ____/____/____

Parent Signature: _____ **Date:** _____

Received: _____
Debbie Marvin
Enrollment/Billing Specialist

CC: Teacher