



WEST VIRGINIA
VIRTUAL ACADEMY
POWERED BY K12

3508 Staunton Avenue, 3rd Floor • Charleston, WV 25304
www.k12.com

West Virginia Virtual Academy

**CHRONIC MEDICAL CONDITION/DOCUMENTED DISABILITY
ABSENCES REQUEST FORM**

2025-2026

Please return completed packet to student's school.

Revised August 2024

DOCUMENTED CHRONIC MEDICAL CONDITION/DOCUMENTED DISABILITY

PARENT/GUARDIAN ROLE

The parent/guardian must work with WVVA to provide an uninterrupted, consistent education. Since only a portion of a student's studies are completed under the supervision of the teachers, the parent or guardian is responsible for supervising the independent studies. **This does not excuse the student from completing all class and school requirements.**

The parent's/guardian's responsibilities are:

1. Provide the school with a **completed** packet including:
 - *Signed Parental Agreement Form
 - *Signed Physician Agreement Form
 - *Signed Authorization Consent/Release of Information Form
2. Contact the school and request assignments during the periods of time the student is not in school.
3. Return all completed work to the school in a timely manner and in accordance with the school's procedure.
4. Contact the school with any questions or concerns that develop.
5. Continue to have the licensed physician evaluate and update the student's health status during the time of this chronic condition.
6. **A written excuse for each absence must be sent upon return to school.** Please indicate your child has missed school due to the Chronic Medical Condition, which is on file, in order to code the absence correctly.
7. In order for your child to achieve academically, a student with excessive absences will need to meet with school staff and consult a physician to develop an educational plan and to determine if chronic medical conditions are appropriate.
8. The chronic medical condition request must be reviewed quarterly to determine continued eligibility based upon medical condition documentation.
9. The chronic medical condition packet must be renewed every school year.

CHRONIC MEDICAL CONDITION/DOCUMENTED DISABILITY PACKET
PARENTAL AGREEMENT FORM

Student's Name: _____

School: _____ **Grade:** _____

Parent's Name: _____

Phone Number: _____

Address:

Physician's Name: _____

I have read the WVVA Chronic Medical Condition/Documented Disability Packet and agree to the guidelines established. I understand these guidelines must be followed for the student to assure a consistent educational process and a proper education for _____ **Student's Name (Please print)** _____ to occur.

AGREEMENT

I have read the WVVA Documented Chronic Medical Condition/Documented Disability Packet and agree to the guidelines established. I understand these guidelines must be followed for the student to receive a proper education. **I understand that this does not excuse the student from completing any and all class assignments.**

Parent Signature

Date

CHRONIC MEDICAL CONDITION/DOCUMENTED DISABILITY PACKET

RE: _____

Student Name (Please Print)

WVEIS #

School

WEST VIRGINIA VIRTUAL ACADEMY

3508 STAUNTON AVE 3RD FLOOR.

Phone: 304-807-9370

CHARLESTON, WV 25304

Fax: 304-220-3104

DOCUMENTED CHRONIC MEDICAL CONDITION/DOCUMENTED DISABILITY

PHYSICIAN'S FORM

To the physician: The parent/guardian of the child listed has notified WVVA that the student has a chronic medical condition that may impact his/her regular daily school attendance. The West Virginia Board of Education (WVBE) Policy 4110 defines "Documented Chronic Medical Condition/ Documented Disability as:

Documented chronic medical conditions that may require multiple or regular absences. These conditions must be documented annually with a valid physician's note that explains the condition and anticipated impact on attendance. The necessity for the absences must be approved and reviewed quarterly by the SAT, IEP, or Section 504 team (see section 4.3.d.4).

Documented disabilities consisting of any mental or physical impairments that substantially limit one or more major life activities and are documented annually with a valid physician's note that explains the disability and the anticipated impact on attendance. The necessity for the absences must be approved and reviewed quarterly by the SAT, IEP, or Section 504 team (see section 4.3.d.4).

WVVA believes that a student's regular daily attendance is crucial to optimal learning as well as essential to the learning process; "classroom time lost" is irretrievable in terms of instructional interaction. WVVA is requesting that you verify this student's chronic medical condition/disability and its anticipated impact on school attendance.

Physician's Statement of Chronic Medical Condition/Disability:

How does this student's medical condition impact the child's school attendance?

How could the condition be monitored by the school nurse in order to lessen the need for absences from school?

Please provide a brief explanation for the student's need for additional parent excused absences:

How many times has the student been treated in your office or hospital for this chronic condition in the past 6 months? _____ past 12 months? _____

2025-2026					
WVVA Required Student Attendance Days Per Month					
August	8 Days	September	21 Days	October	21 Days
November	14 Days	December	15 Days	January	19 Days
February	19 Days	March	20 Days	April	17 Days
May	20 Days				
JUNE	5 Days				

The student SHOULD NEED no more than _____ ADDITIONAL parent excused absences per month.

Expected expiration date: _____/_____/_____

OR

The student DOES NOT NEED any additional parent excused absences per month.

Date of last appointment/office exam prior to today's date: _____/_____/_____

Physician's signature: _____

Date: _____/_____/_____

****Please include a copy of all medical records for this student (see the attached release of information form).**

