

EXTENUATING CIRCUMSTANCES APPLICATION

This form must be completed and returned to Mr. Dugan in person by 3:45 p.m., January 19, 2012. Late applications will NOT be accepted!

When the completed application and documentation are returned, it will be reviewed. **If you have not attended the maximum number of days possible for each class in the extended day program, your case will not be heard.** (Please read your agenda for directions that apply to the extended day program.) When you turn in this application, you will be required to provide **ALL AVAILABLE DOCUMENTATION** (subpoena, doctor notices, death-in-family, etc.) in order for your case to be considered. If there is any question about your documentation, Mr. Dugan will contact you.

Failure to turn in this application on time, or to provide adequate documentation for absences, will result in a denial for extenuating circumstances. Please make sure you have everything you need when you turn this application in.

Student's Full Name _____ ID Number _____
Grade _____ Birth date _____
Phone number _____

I am requesting extenuating circumstances for the following classes:

| BELL/CLASS | TEACHER |
|------------|---------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Student Signature

Parent Signature

NAME _____ GRADE _____

Extenuating Circumstances Teacher Form

Block 1 Class _____
of Absences _____
of classes made up in Extended Day program _____
Dates of Absences _____

Teacher Signature _____
Teacher's Comments:

Block 2 Class _____
of Absences _____
of classes made up in Extended Day program _____
Dates of Absences _____

Teacher Signature _____
Teacher's Comments:

Block 3 Class _____
of Absences _____
of classes made up in Extended Day program _____
Dates of Absences _____

Teacher Signature _____
Teacher's Comments:

Block 4 Class _____
of Absences _____
of classes made up in Extended Day program _____
Dates of Absences _____

Teacher Signature _____
Teacher's Comments:

If you have an A/B Day Class:

A/B Block Class _____
of Absences _____
of classes made up in Extended Day program _____
Dates of Absences _____

Teacher Signature _____
Teacher's Comments: