

Deep Creek High School

Application for Extenuating Circumstances

Please include any documentation for absences that has not already been submitted to teachers or the attendance office.

*****Documentation directly from a professional entity (doctor, courts, etc.) is required*****

All of the following information *must* be completed to be considered for extenuating circumstances:

Last Name: _____ (print) First Name: _____ (print) Grade Level: _____

Parent Name(s): _____

Primary Phone # _____ Secondary Phone # _____

List all classes. Complete the shaded boxes for the classes under consideration for extenuating circumstances.

Block	Course	Requesting extenuating circumstances for this class? (Y or N)	# of absences in teacher records	Teacher signature	Attended extended day for this class?
1 st					
2 nd					
3 rd					
4 th					
B day class					

Explain the reason(s) extenuating circumstances should be granted. PLEASE BE SPECIFIC.

Student Comments:

Parent comments:

Student Signature: _____ Parent Signature: _____

Completed Application Due Date: Friday, January 10, 2020
All Forms are to be submitted to Mr. Daniel, Assistant Principal

****Applications received after this date may not be processed****