Grassfield 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: _____ First Name: _____ Grade Level: ____
(print) (print)

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? (Y or N)
1st					
2nd					
3rd					
4th					
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: Tuesday, May 29, 2018
All Forms are to be submitted to Mr. Fulford, Assistant Principal
****Applications received after this date may not be processed****