

# 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: \_\_\_\_\_ (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? (Y or N)
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					
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, May 24, 2019**  
**All Forms are to be submitted to Mr. Fulford, Assistant Principal**

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