

Extenuating Circumstances Application

This form must be submitted to the Registrar within **ONE WEEK** of the student's return to school. In order for the application to be complete, please submit a *medical specialist's notes which include the dates of visits. For major injuries or surgeries please also include the *medical specialist's note indicating the Expected Return to School Date. Students are allowed up to three (3) EC absences per semester.

**Not a primary care doctor/family practitioner*

The Attendance Committee will review applications on the third Thursday of the month and inform parents of the status of the application by the fourth Thursday of the month.

Student Name (please print clearly): _____

Date (s) of absence(s): _____

Reason for absence:

_____ **Surgery/Injury** (Please explain below and attach medical specialist's note)

_____ **Extended Illness (e.g. mononucleosis)** (Please explain below and attach medical specialist's note)

_____ **Bereavement**

Relationship to student: _____

Explanatory Notes:

Signature _____ Date: _____