

Extenuating Circumstances Application

This form must be submitted to the Registrar within **TWO WEEKS** of the student's return to school. In order for the application to be complete, please submit a *medical specialist's note which includes 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 one Tuesday per month and inform students and parents of the status of the application by the following Tuesday of that month.

Student Name (please print clearly): _____ Grade: _____

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 of deceased to student: _____

Explanatory Notes:

Signature _____ Date: _____