***BLANK ADVENTIST ACADEMY***

**Student Request for Special Circumstances**

*This form is to be used by a student who requests permission for special circumstances. The request is be returned to the school office and will be considered by the Academic Standards Committee.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to petition the Academic Standards Committee/School Administration for permission to:

I am making the request because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student Name (printed)* *Student Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent Name (printed) Parent Signature Date*

*For Office Use Only:*

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Request Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Principal Signature*

Date of Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Request Denied