

EXCEPTIONAL CIRCUMSTANCE FORM

This form is to request EXCEPTIONAL CIRCUMSTANCE accommodations due to medical or compassionate reasons.

NOTE: Scheduled vacations/camps do NOT qualify as exceptional circumstances.

Return this form to 7835 76 Avenue NW, Edmonton AB, T6C 2N1 or email to metrosummerschool@epsb.ca.

You will be contacted by phone to discuss your request prior to approval.

STUDENT INFORMATION:

LAST NAME (Legal):	FIRST NAME (Legal):	MIDDLE NAME (Legal):
DATE OF BIRTH (M/D/Y):	EMAIL ADDRESS:	
MAILING ADDRESS (Street or Box No.):	CITY:	POSTAL CODE:
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EDMONTON PUBLIC SCHOOL ID (EPS Students):
HOME SCHOOL:	SUMMER SCHOOL SITE:	
SUMMER SCHOOL COURSE:	Please be advised that due to the condensed nature of Summer School, each class is equal to 1 week of classes during the regular school year.	

COURSE TYPE:

5 Credit (Full Session):

3 Credit (Session 1):

3 Credit (Session 2):

Combo (Full Session):

Evening:

REASON FOR EXCEPTIONAL REQUEST: Please attach supporting documentation (Medical Certificate, etc.)

Name of Parent/Guardian

Phone Number

Signature of Parent/Guardian

Date

ADMINISTRATION RECOMMENDATION:

Administrator Signature

Date

The information that you provide to Metro Continuing Education when you register for a course is collected under the authority of the *School Act* and *Freedom of Information and Protection of Privacy Act Section 32c*. This information will be used for administering, evaluating and marketing Metro programs, and for statistical purposes. Your personal information is protected by Alberta's *Freedom of Information and Protection of Privacy Act*. We treat your personal information with respect and care and use it to serve you better. If you have any questions about the collection or use of this information, please contact our customer service office at Metro Continuing Education, 7835 76 Avenue NW, Edmonton, Alberta T6C 2N1 Canada, or telephone 780.428.1111.