



Lodi SDA Elementary
Lodi Adventist Academy
Request for Special Circumstance



Date:

Student Name: _____ Birth Date: _____ Grade: _____

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

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

I am making the request because:

_____	_____	_____	_____
<i>Student Signature</i>	<i>Date</i>	<i>Parent Signature</i>	<i>Date</i>

For Office Use Only:

Date Submitted: _____

_____ Request Approved

Date of Action: _____

_____ Request Denied

_____ Academy Registrar's Signature
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Signature: _____