

**Request for Emergency Tuition Credit**

This request is ONLY for EMERGENCY purposes. As stated in our policy packet, we offer make-ups for missed classes. For this request to be considered, your tuition and registration must be current and paid in full. Please allow 7 days from the date the completed form was turned in for a response to your request.

Name of Student: \_\_\_\_\_ Age \_\_\_\_\_ Level \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Credit Request:       SESSION/MONTH: \_\_\_\_\_       # of Classes: \_\_\_\_\_

Reason for request of credit: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*For office use only\*\*\*\*\*

Received by (office initial): \_\_\_\_\_ Date received: \_\_\_\_\_

\*\*For any medical reasons, please attach a physician's note.

Request OK'd: \_\_\_\_\_ Date: \_\_\_\_\_

Request denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

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