



# Ashbury College

## Application to Request a Conflict Evaluation

If you wish to request a conflict date during your January mid-year evaluations please complete and return this form to Mrs. Kathleen Munro Collins in the Student Services Office by **January 8, 2019**. The Head of Senior School or Director of Student Services (medical requests) will review the application. A response will be sent through the Student Services office to confirm or deny the request.

Please explain below your request and the date(s) and time(s) it affects. Please attach any supporting documentation (ex: medical note, RCM exam notification, etc.).

\*Note, students whose written evaluations fall back-to-back creating 4 in a row over 2 days will automatically be granted a conflict evaluation. Those students will be identified and contacted by Student Services. They do not require a conflict request form.

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Subject(s) Affected: \_\_\_\_\_

Date(s) Affected: \_\_\_\_\_

**Request** (please attach any supporting documentation):

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date