



A+ ATTENDANCE APPEALS FORM

Student Name: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone Number(s): _____

This request is to appeal school absences for the following: (PLEASE CHECK)

_____ First Semester _____ Second Semester School Year _____

In the space below, please indicate the date(s) of the absence(s) and the reason for the request to be reviewed. Please attach any documentation that supports your appeal. **This request must be received by the A+ coordinator within 30 days of notification of the attendance report.**

Date of Absence	Reason for Absence

For A+ Office Use:

Date Reviewed: _____ Date Decision Letter Sent: _____

Date Appeal Committee Met: _____ Appeal: ACCEPTED DENIED