



# A+ CITIZENSHIP APPEALS FORM

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

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

This request is to appeal an A+ Citizenship violation resulting in removal from the A+ Program. In the space below, please indicate the date(s) of disciplinary action and the reason for the request to be reviewed. Please attach any documentation that supports your appeal.

**The A+ coordinator must receive this request within 30 days of notification of the A+ Citizenship violation.**

Date of Incident(s):

Date of Removal Letter:

Justification for Appeal:

**For A+ Office Use:**

Date Reviewed: \_\_\_\_\_

Date Decision Letter Sent: \_\_\_\_\_

Date Appeal Committee Met: \_\_\_\_\_

Appeal:    ACCEPTED    DENIED