

Class Attendance Appeal Request

COMPLETE SECTIONS A & B. HAND INTO MAIN OFFICE TO SCHEDULE HEARING

**Section A:
Student
completes:**

Date

Student

Course Name

Grade

Associate Principal

Counselor

Teacher

Reason for Appeal: _____

Please submit any pertinent medical documentation with this form.

Signature

**Section B:
Student is
responsible to
have this
portion
completed by
teacher prior
to submitting.**

excused absences: _____ # unexcused absences: _____ Total absences _____

Approximate current grade: _____

Any additional teacher comments can be forwarded to Mrs. Kremidas.

Teacher Signature

**Section C:
Appeals
committee
completes
during
Attendance
Appeal
Hearing**

Date of Appeal: _____

Action Taken: _____ Restored Credit

_____ Denied Credit/Remain In Class

_____ Credit Denied/Dropped from Class

_____ Contract Issued

Conditions of Contract: _____

Associate Principal