

Excessive Absence Appeal Form

Student Name _____ Student # _____ Grade _____ Date _____
 Home Phone _____ Parent Work Phone _____

Students must attend 90 percent of class sessions in a semester to receive a passing grade or credit. This allows students to miss 9 days each semester for reasons, such as illness, doctor or dentist visits, personal or family business.

The appeal process was designed for students who faced prolonged illness, major surgery, severe injuries, court dates, or bereavement. In order to qualify, students must attach documentation for verification. This would include copies of medical or hospital records, court summons or funeral programs.

I am requesting an appeal for the following reason(s):

- | | |
|--------------------------------------------|-------------|
| <input type="checkbox"/> Prolonged illness | Dates _____ |
| <input type="checkbox"/> Major surgery | Dates _____ |
| <input type="checkbox"/> Severe injury | Dates _____ |
| <input type="checkbox"/> Court date | Dates _____ |
| <input type="checkbox"/> Bereavement | Dates _____ |

I am attaching the following documentation

- | | |
|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Medical records | <input type="checkbox"/> Hospital records |
| <input type="checkbox"/> Court summons | <input type="checkbox"/> Funeral announcements |
| <input type="checkbox"/> Other | |

Period	Teacher	Course	Number of Absences <small>(Refer to teacher or attendance office)</small>	
			Excused	Unexcused
A	_____	_____	_____	_____
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

Parent Signature _____ Date _____

Student Signature _____ Administrator Signature _____