

Date Received \_\_\_\_\_

Initials of Recipient \_\_\_\_\_

- CC:  Teacher  
 Home  
 Attendance  
 Registrar  
 Other (Liaison)

## EXCESSIVE ABSENCE APPEAL FORM

### UNEXCUSED ABSENCES CANNOT BE APPEALED

**Appeal Process:** an Administrator may grant an appeal for excessive absences based on: Prolonged illness, hospitalization, doctor visits/directed bed rest, or severe injury. Unusual, unforeseen, and unavoidable circumstances, such as family emergencies, court dates or bereavement will be considered.

**RETURN COMPLETED FORM WITH DOCUMENTATION TO THE OFFICE.**

**Appeal forms submitted without documentation will be returned without action.  
Appeal must be made within five (5) days from date of notification.**

Student Name: \_\_\_\_\_ EVIT ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Home School: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

| Circle the session<br>you are appealing | Teacher | Program | # of Absences<br>per session |
|---|---------|---------|------------------------------|
| 1 2 3 4 5 6                             | _____   | _____   | _____                        |

**Justification for the Excessive Absences:** (be specific with the Unusual, Unforeseen, Unavoidable circumstances)

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**Dates appealing:** \_\_\_\_\_

The student is responsible for contacting the teacher to make up any missed assignments. If missed assignments and/or times are not made up the student may earn a grade of "F". A granted appeal does not guarantee a passing grade.

Parent Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

----- SCHOOL USE ONLY BELOW LINE -----

**Appeal Decision**

- Appeal Denied                       Appeal Granted for all dates submitted  
 Returned without action             Appeal granted for these dates only: \_\_\_\_\_

Comments: \_\_\_\_\_

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Administrator's Signature: \_\_\_\_\_

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