

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 you are appealing	Teacher	Program	# of Absences per session
1 2 3 4 5 6	_____	_____	_____

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

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: _____

Administrator's Signature: _____

Date: _____