

East High School	_____
North High School	_____
South High School	_____
West High School	_____

**Fort Zumwalt School District
A+ Schools Program
ATTENDANCE APPEAL FORM**

Date of Appeal _____

Student Name _____

Parent/Guardian Name(s) _____

Address _____
(number) (street) (city) (zip)

Telephone Number _____

This request is to appeal a school absence for the following:

Semester: (check one) _____ First _____ Second School Year: _____

In the space below, please indicate the date(s) of the absence(s) as well as the reason for the absence(s). Please attach documentation in the form of a doctor's note on office letterhead or prescription pad, proof of hospitalization, etc. for review by the A+ Attendance Review Committee.

DATE OF ABSENCE(S)	REASON FOR ABSENCE(S)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional sheets if necessary)

A+ Office Use Only:			
Date Appeal Received	_____	Appeal Accepted	_____
Date Appeal Committee Met	_____	Days/Hours Waived	_____
Date Decision Letter Sent	_____	Appeal Denied	_____

