

**Slater High School
A+ Attendance Appeal Form**

Student Name: _____ Social Security #: _____ - _____ - _____

Parent(s) Name: _____

Address: _____ Zip Code: _____

Telephone Number: _____

This request is to appeal school absences for the following: (please check)

_____ First Semester _____ Second Semester _____ School Year

In the space below, please indicate the date(s) of the absence(s) and the reason for the request to be reviewed. Please attach any documentation that supports your appeal. *Absence appeals must be submitted no later than the end of the semester in which the absence(s) occurred.*

Date of Absence	Reason for Absence

For A+ Office use:

Date Reviewed: _____

Date Appeal Committee Met: _____

Date Decision Letter Sent: _____

Appeal Accepted: _____

Appeal Denied: _____