

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

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

Parent(s) Name: _____

Address: _____ Zip Code: _____

Telephone Number: _____

This request is to appeal an A+ Citizenship violation or to appeal being placed on A+ Citizenship Probation. In the space below, please indicate the date(s) of the disciplinary action and the reason for the request to be reviewed. Please attach any documentation that supports your appeal.

The A+ Coordinator must receive this request within 30 days of notification of A+ Citizenship violation or probation. If violation occurs during the last two weeks of a school year, this appeal must be made within three days of the notice of Probation or notice of removal from the A+ Program.

Date of Incident(s):

Date of Probationary/Removal Letter:

Justification for Appeal:

For A+ Office Use:

Date Reviewed: _____

Date Appeal Committee Met: _____

Date Decision Letter Sent: _____

Appeal Accepted _____

Appeal Denied _____

For Building Principal Use:

Date Reviewed: _____

Date Appeal Committee Met: _____

Date Decision Letter Sent: _____

Appeal Accepted _____

Appeal Denied _____