

Sweet Springs R-VII High School A+ Program



Appeal of Attendance Form

Student Name: _____

Date: _____ Phone: _____

Parent Name: _____

Parent Address: _____

City: _____ State: _____ Zip Code: _____

Parent Signature: _____

Student Signature: _____

This request is to appeal the school absence(s) for the following: (Please check the appropriate boxes).

SEMESTER: Fall Spring **SCHOOL YEAR:** _____

APPEAL WILL BE: In Person Writing

In the space below indicate the date(s) of the absence(s) and the reason for the request to be reviewed. If additional space is needed, please attach another sheet of paper.

DATE OF ABSENCE

REASON FOR ABSENCE
