

Sweet Springs R-VII High School A+ Program



Appeal of Citizenship 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 basis of your appeal for the A+ School Program. If additional space in needed, please attach another sheet of paper.

This form must be forwarded to the A+ Office within 15 days of the date of the disciplinary action occurred. Parents will be notified of a hearing date scheduled within 10 days of the appeal notice.