

LEWISVILLE HIGH SCHOOL

LEWISVILLE INDEPENDENT SCHOOL DISTRICT ESTABLISHED 1897

Attendance Plan Appeal

Student Name:	Date:		
Student ID:			
List the Date(s) of Attendance Plan You Wish To Appeal (Locate this date on the top of your attendance plan)			
1			
2			
3			
Please indicate the reason for your request for an Appeal v Credit.			
Is this your first time to make an Appeal Loss of Credit? (Cit	rcle) Yes		No
Student Signature:	Date:		
Parent Signature:	Date: _		
For Office Use (
Approved		Denied	
Comments:			
Principal Jeffrey Kajs	 Date		
1098 West Main St. Lewisville 469-713-5190	Texas, 75067		