



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 with PRINCIPAL JEFFREY KAJS for Loss of Credit.

Is this your first time to make an Appeal Loss of Credit? (circle)

Yes

No

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

For Office Use Only

Approved

Denied

Comments:

Principal Jeffrey Kajs

Date