Pattonville High School A+ Citizenship Appeal Form

Student Name:	Student Grad Year:
Student #	
Parent(s) Name:	
Telephone Number:	
This request is to appeal an A+ Citizenship violation the space below, please indicate the date(s) of the request to be reviewed. Please attach any document	
The A+ Coordinator must receive this request within 30 days of notification of A+ Citizenship violation. If violation occurs during the last two weeks of a school year, this appeal must be made within three days of the Notice of Removal from the A+ Program.	
Date of incident(s):	
Date of Removal Letter:	<u> </u>
Please attach the appeal justification letter to NOTE: The appeal <u>MUST be written by the</u>	
For A+ Office Use:	
Date Reviewed:	Appeal Accepted:
Date Appeal Committee Met:	Appeal Denied:
Date Decision Letter Sent:	