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 resulting in removal from the A+ Program. In the space below, please indicate the date(s) of the disciplinary action and the reason for the request to be reviewed. Please attach any documentation that supports your appeal.

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: _____

Please attach the appeal justification letter to this form before submitting to the A+ office.
NOTE: The appeal <u>MUST be written by the STUDENT.</u>

For A+ Office Use:	
Date Reviewed: _____	Appeal Accepted: _____
Date Appeal Committee Met: _____	Appeal Denied: _____
Date Decision Letter Sent: _____	