A+ Appeal of Citizenship Certification Form

Date: _____

Student Name: _____

Parent Name: _____

Parent Address: _____

_____

Parent Phone Number: _____

.....

This request is to appeal the school absence(s) of my son/daughter for the following:

SEMESTER: _____ Fall _____ Spring

SCHOOL YEAR: _____

Appeal will be made _____ In Person _____ In Writing

.....

In the space below, please indicate the date(s) of the absence(s) and the reason for the request to be reviewed. If additional space is needed, please attach another sheet of paper.

Date of Absence	Reason for Absence
_____	_____
_____	_____
_____	_____

This form must be forwarded to the A+ Coordinator within one month of the end of the semester in which the absence occurred. Parents will be notified of the date at least two weeks prior to the hearing.