

WFC LOSS OF CREDIT APPEAL APPLICATION

Incomplete or late appeal packets will not be reviewed for consideration for reinstatement of credit. **If a student received an F in the class then it is not appealable.** For an application to be complete, **all portions** must be handed in within **one week** of receipt of the loss of credit packet.

Please hand the completed Loss of Credit Appeal Application to Jay or Brian.

Packet Due By: 11/19

Appeals meetings are 11/23 and 11/24 from 2:20-2:45

Please note if you do not hand in a packet you will not be given an appeals appointment.

Thank you for your cooperation.

Classes I lost credit in:

Date Material Received: _____

1. _____ Copy of the Loss of credit letter sent home to student.
2. _____ Any medical/court/other documentation.
3. _____ Student Narrative
4. _____ Parent/Guardian Narrative
5. _____ Teacher Narrative(s)

Note: Additional teacher forms and envelopes can be found in the main office

Loss of Credit Committee Use Only:

Date of Meeting: _____

Is this student a Special Ed or 504 student: Special Ed 504 N/A

Current Credits: _____

Class/Teachers: _____

IR2 Behavior Data: _____

OSS _____ ISS _____ Behavior referrals _____

Decision:

Student Narrative

Provide a detailed explanation of your absences. *Note – This explanation should be supported by any medical, court, or other official documentation contained with your appeal packet.

Describe how you plan to improve your attendance in the future.

Student Signature: _____ Date: _____

Parent/Guardian Narrative

Provide a detailed explanation of your child’s absences. *Note – This explanation should be supported by any medical, court, or other official documentation contained with your appeal packet.

What corrective actions are being taken in the home to improve your child's attendance at school?

Parent/Guardian Signature: _____ Date: _____

Teacher Statement

Dear Walter Fitzgerald Campus Teacher,

The student referenced below is in the process of appealing his/her loss of credit in your course. Part of the process requires them to solicit your feedback. Please complete the information below, place this form in the envelope provided, seal the envelope, sign across the seal and return the envelope to the student.

Thank you.

Student: _____

Teacher: _____

Course: _____ Period: _____

Date: _____

In my opinion,

This student should receive his/her credit in my course.

This student should not receive his/her credit in my course.

Please provide the appeals committee any relevant information which you believe will help inform the decision to reinstate or deny credit to this student.

Teacher Statement

Dear Walter Fitzgerald Campus Teacher,

The student referenced below is in the process of appealing his/her loss of credit in your course. Part of the process requires them to solicit your feedback. Please complete the information below, place this form in the envelope provided, seal the envelope, sign across the seal and return the envelope to the student.

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In my opinion,

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