



St. Dominic High School
A+ Schools Program
A+ APPEAL OF ATTENDANCE FORM

Date of Appeal _____ Student Name _____

Parent/Guardian Name(s) _____

Address _____

Telephone Number _____

This request is to appeal a school absence for the following:

School Year: _____ Semester: (check one) _____ First _____ Second

In the space below, please indicate the date(s) of the absence(s) as well as the reason for the absence(s). Please attach documentation in the form of a doctor's note, for each day of absence being appealed, on office letterhead or prescription pad, proof of hospitalization, etc. for review by the A+ Attendance Review Committee.

Date of Absence	Reason for Absence
_____	_____
_____	_____

(Attach additional sheets if necessary)

FOR A+ OFFICE USE ONLY

Date appeal received: _____

Date Committee Met: _____

____ Appeal Approved

____ Appeal Denied