



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

Date of Appeal \_\_\_\_\_ Student Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

This request is to appeal the notification of citizenship disqualification received during:

School Year: \_\_\_\_\_ Semester: (check one) \_\_\_\_\_ First \_\_\_\_\_ Second

In the space below, please indicate the basis of your appeal concerning your denial of citizenship certification for the A+ Schools Program. (Attach additional sheets if necessary)

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**FOR A+ OFFICE USE ONLY**

Date appeal received: \_\_\_\_\_

Date Committee Met: \_\_\_\_\_

\_\_\_\_ Appeal Approved

\_\_\_\_ Appeal Denied