



# ST. JOSEPH SCHOOL DISTRICT

## Missouri A+ Scholarship Program

### Attendance Waiver Request A+ Program

Date \_\_\_\_\_

School Year \_\_\_\_\_

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

#### **To Appeal Dismissal due to the Attendance Requirement:**

List the dates being appealed, reason for the absence and attach supporting documentation.