



# ST. JOSEPH SCHOOL DISTRICT

## Missouri A+ Scholarship Program

### Citizenship Waiver Request A+ Program Saint Joseph School District

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

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

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

Address \_\_\_\_\_

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

**To Appeal Dismissal due to the Citizenship Requirement:**

State the infraction that was reported and basis for the appeal. Attach any supporting documentation.