REQUEST TO RESTORE CREDIT

RETURN THIS FORM TO YOUR GUIDANCE COUNSELOR NO LESS THAN 10 BUSINESS DAYS AFTER YOUR RECEIPT OF YOUR LOSS OF CREDIT LETTER

Guidance Counselor (PLEASE INITIAL) _____

ALL MEETINGS OF THE ATTENDANCE COMMITTEE WILL BE HELD AT THE END OF THE SEMESTER.

YOUR ACTIONS AND ATTENDANCE AFTER YOU SUBMIT THIS FORM WILL HELP DETERMINE YOUR CREDIT STATUS.

DATE:		
STUDENT NAME:		
STUDENT ID:		
REQUEST FOR:	Current School Year/1st Semester (S1): ☐ 1st Block ☐ 2nd Block ☐ 3rd Block ☐ 4th Block ☐ Prior School Year _____	Current School Year/2nd Semester (S2): ☐ 1st Block ☐ 2nd Block ☐ 3rd Block ☐ 4th Block ☐ Prior School Year _____

REASON FOR LOSS OF CREDITS (USE OTHER SIDE IF NEEDED):

PARENT SIGNATURE: