



Credit Appeal Form - Attendance

Last Name: _____ Grade: _____
 First Name: _____ Counselor: _____
 Student Cell: _____ Student e-mail: _____
 Parent Name: _____ Parent Cell: _____
 Home Phone: _____ Parent e-mail: _____
 Course(s) being appealed: _____

Instructions: If you have not received credit in one or more of your classes, that you have obtained a passing grade, due to excessive absences, you have the right to appeal for credit. Complete this form and assemble your appeal packet in the order listed below. Submit the appeal packet to the guidance office secretary. **You should submit one packet for all course(s) you are appealing.** Once this packet is submitted, it is considered complete and changes will not be accepted.

This is your only opportunity to appeal credit, and a contract will be established for all remaining classes and reviewed periodically for compliance.

Your appeal for credit will be evaluated based on the extenuating circumstances you provide for each of your absences. Unusual circumstances such as major surgery, death in family or extended illnesses are legitimate reasons for appeal. Absences not justified on the official school absence report must be explained in writing for consideration by the attendance committee using the Absence Justification Form.

Checklist: Include the following materials in your packet, *in the specified order* :

- _____ Credit Appeal Form, signed by parent and student.
- _____ Official School Attendance Report. (Obtain from PowerSchool)
- _____ Absence Justification Form.
- Complete documentation for each absence (organized chronologically).

We certify that all statements and documents submitted with this packet are true and complete.

Student: _____
 Name Signature Date

Parent: _____
 Name Signature Date

For Office Use Only:

Received by: _____
 Staff Name (Please Print) Staff Initials Date: _____ Time: _____

Committee Decision: **Credit Granted:** **Credit Denied:** **Credit Completion:**

Credit Completion Hours: _____

Principal's Designee: _____
 Name Signature Date

Supervisor of Guidance: _____
 Name Signature Date

Counselor/Designee: _____
 Name Signature Date