



Extra –Curricular Eligibility Appeal Hearing Request Form

(This form must be submitted to your assistant principal no later than 5 days after the start of a season or 3 days after report cards are issued)

Name: _____

Team/Club: _____

School: _____

Assistant Principal: _____

Coach/Advisor: _____

Guidance Counselor: _____

Is this your first appeal? _____

Please list the classes that were failed last marking period

Summarize why you were unsuccessful in the(se) class(es), and how do you plan on being more successful going forward.

- I understand that according to the academic eligibility policy that if an appeal is granted, I am not eligible to participate in the first 10% of my season. If my schedule contains 1-14 contests, I will not be eligible for the first game and if my schedule contains 15 or more contests, I will not be eligible to play for the first two games.

Parent Name (print)

Parent Signature

Date

Parent Contact Number

Student Signature

Date