East Brunswick Public Schools Student / Parent Attendance Appeal Form

Student Name:		ID:	Grade:	Date:
Returr	n this form to GLA by:			
Course(s) in which student is in a loss of credit status:				
should b	must be requested promptly, but no later the resolved within 10 days of the request. A ules/Regulations: 5144 (b). <i>Please attach s</i> ections.	ny change in a student's placeme	nt will be withheld until t	
Stude	nt / Parent: Complete Numbers	1, 2, and 3.		
1.	Nature of the appeal (what ha	ppened, why has the stu	dent accrued the n	umber of absences?):
2.	Relief sought (What are you lo	oking for to remedy the s	ituation?):	
3.	Person(s) previously spoken to	·		
	Parent / Guardia	nn Signature and Date:		
	,			
4.	Assistant Principal's recomme	ndation and comments:		
	Assistant Princip	al's Signature / Date:		
5.	Principal's recommendation a	nd comments:		
	Dulin sing Va City	ture / Data		
	Principal's Signa	ture / Date:		