**GRISWOLD HIGH SCHOOL ATTENDANCE APPEALS FORM**

Upon receiving a written “Loss of Credit Notice” from the Associate Principal Marceline Macrino, the student has the option of completing this form and submitting it to the School Counseling Office in order to be considered in the appeals process. The appeals form is due by the deadline indicated in your “Loss of Credit Notice”. No appeals forms will be accepted after the deadline under any circumstances.

It is the responsibility of the student and his/her parent/guardian to fill out, collect required documentation, and deliver this form to his/her school counselor in order to be considered in the appeals process.

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indicate the course(s) for which you have lost credit.**

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| **COURSE NAME** | **BLOCK/PERIOD** | **TEACHER** | **CREDIT LOST (.25, .5, 1, 2)**  |
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| **DATE OF ABSENCE** | **REASON FOR ABSENCE**  | **DOCUMENTATION**  |
| Month/Day | **DIRECTIONS:** Place only the letter which represents your reason for absence: M= Medical, L= Legal, F= Family/Personal/Religious Obligation | **DIRECTIONS:** Write Y or N to indicate whether you have provided evidence attached to this page.  |
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**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**