

** Complete this form and return to Jon Altbergs, Dean of Students**

EHS Attendance Policy Appeal Form

Student Name: _____

Grade: _____

Parent Name: _____

Date of request: _____

Reason for absences: _____

Appeal forms must be filled out completely including the teacher comment and signature. Appeals will not be accepted without all of the information required. Please attach any documentation that may assist in the appeal process. Reason for absences and the effort made by the student to make up missed assignments and class work will be taken into consideration.

Appeals received prior to the end of the semester will be placed on file pending the end of the semester so that information will be complete at the time of review.

Please **complete the following information for each course being appealed** (use the back of the form if necessary):

Course: _____

Teacher Comment (the student should contact the teacher and request that the teacher provide feedback in regard to whether or not the absences impacted the student's performance in the course) :

Teacher Signature and Date: _____/____/____

For administrative use:

Date Received: _____ Received by: _____

Course: _____

Teacher Comment (*the student should contact the teacher and request that the teacher provide feedback in regard to whether or not the absences impacted the student's performance in the course*) :

Teacher Signature and Date: _____ _ / _ / _

Course: _____

Teacher Comment (*the student should contact the teacher and request that the teacher provide feedback in regard to whether or not the absences impacted the student's performance in the course*) :

Teacher Signature and Date: _____ _ / _ / _

Course: _____

Teacher Comment (*the student should contact the teacher and request that the teacher provide feedback in regard to whether or not the absences impacted the student's performance in the course*) :

Teacher Signature and Date: _____ _ / _ / _