

Cole Co. R-I High School
A+ Program
Attendance Appeal Form

Student's Name: _____ Date: _____

Parent/Guardian's Name: _____ Phone No. _____

Parent/Guardian's

Address _____

City

State

Zip Code

This request is to appeal the school absence(s) of my son/daughter for the following:
(Please Check)

SEMESTER: ____ Fall ____ Spring SCHOOL YEAR: _____

In the space below, please indicate the date(s) of the absence(s) and the reason for the request to be reviewed. If additional space is needed, please attach another sheet of paper.

Date of Absence

Reason for Absence

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form must be given to the A+ Coordinator within 30 days of the end of the semester in which the absence occurred. Please include necessary documentation for absence.