

Cole Co. R-I High School
A+ Program
Appeal of Citizenship Certification Form

Student's Name: _____ Date: _____

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

Parent/Guardian's

Address _____

City

State

Zip Code

SEMESTER: ____ Fall ____ Spring SCHOOL YEAR: _____

Disciplinary Infraction: _____ Date: _____

In the space below, please indicate the basis of your appeal concerning the good citizenship certification for the A+ Program. If additional space is needed, please attach another sheet of paper.

This form must be given to the A+ Coordinator within 30 days after the disciplinary action occurred.