



North Shelby School District Attendance Appeal Form

Student Name: _____ Date: _____

Parent Name: _____

Parent Address: _____

Parent Zip Code: _____ Phone Number: _____

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

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. **Please include a letter from the health care provider for additional documentation.**

DATE OF ABSENCE

REASON FOR ABSENCE

(Attach additional sheets if necessary)

Return completed form to A+ Office

A+ Office Use Only :			
Date Appeal Received	_____	Appeal Accepted	_____
Date Appeal Committee Met	_____	Days/Hours Waived	_____
Date Decision Letter Sent	_____	Appeal Denied	_____