



North Shelby School District Citizenship Appeal Form

Student Name: _____ Date: _____

Parent Name: _____

Parent Address: _____

Parent Zip Code: _____ Phone Number: _____

This request is to appeal the citizenship certification of my son/daughter for the following

SCHOOL YEAR: _____

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

(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	_____