

Modoc High School Attendance Appeal Form

All information requested on this form must be supplied to assure that this appeal will be considered.

1. Student Name _____ ID# _____ Grade _____ Date of Appeal _____
2. Please fill in your complete class schedule.

Period	Class Name	Teacher's Name	Credit? Yes or No	Administrator's Initials	Dates of Absences Being Appealed <i>Do NOT include your first 8 days absent.</i>
1					
2					
3					
4					
5					
6					
7					

3. **REMEMBER** The first 8 days of absences cannot be appealed.
4. Include your letter of appeal listing the specific dates of the absences (after the first 8) that you are appealing, and give specific reasons for appealing each day. **Supply appropriate verification**. See your teacher for exact dates and use another sheet for your letter of appeal.
5. You **MUST** have your parent or guardian sign your letter of appeal, regardless of your age.