



Mehlville School District
A+ Attendance Appeal Form

Student Name: _____ Birth date: _____

Parent(s) Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

This request is to appeal school absences for the following:

_____ First Semester

_____ Second Semester

_____ School Year

In the space below, please indicate the date(s) of the absence(s) and the reason for the request to be reviewed. Please attach any documentation that supports your appeal. The A+ Coordinator must receive this request at least four weeks prior to graduation.

Date of Absence(s)	Reason for Absence(s)

Office Use Only:

Date Reviewed: _____ Appeal Accepted: _____

Date Appeal Committee Met: _____ Appeal Denied: _____

Date Decision Letter Sent: _____