

FAILURE DUE TO ATTENDANCE APPEAL FORM

Appeal Process: a CCSD Administrator may grant an appeal for excessive absences based on: Prolonged illness, hospitalization, doctor visits/directed bed rest, or severe injury. Unusual, unforeseen, and unavoidable circumstances, such as family emergencies, court dates or bereavement will be considered.

RETURN COMPLETED FORM WITH DOCUMENTATION TO THE ATTENDANCE

OFFICE. Students lose credit when they:

<ul style="list-style-type: none"> • Have 6 or more absences in a quarter course (ANY REASON) 	<ul style="list-style-type: none"> • Have 11 or more absences in a semester course (ANY REASON)
<ul style="list-style-type: none"> • Have 21 or more absences in a yearly course (ANY REASON) 	<ul style="list-style-type: none"> • Have 11 or more absences in an "A/B" course (ANY REASON)
<ul style="list-style-type: none"> • Have 3 or more absences in a quarter course (UNEXCUSED) 	<ul style="list-style-type: none"> • Have 6 or more absences in a semester course (UNEXCUSED)
<ul style="list-style-type: none"> • Have 11 or more absences in a yearly course (UNEXCUSED) 	<ul style="list-style-type: none"> • Have 6 or more absences in an "A/B" course (UNEXCUSED)
<ul style="list-style-type: none"> • Students who do not receive credit due to excessive absences will be assigned an FA with a numerical value of 51. 	

Student Name: _____ **Grade:** _____ **Home Phone:** _____

Circle the block(s) you are appealing:	Teacher(s)	Class(es)	# of Absences per block
1 2 3 4 Circle the semester(s) you are appealing: 1 2	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

Justification for the Excessive Absences: (be specific with the Unusual, Unforeseen, Unavoidable circumstances)

Dates appealing: _____

Parent Signature: _____ **Printed Name:** _____

----- SCHOOL USE ONLY BELOW LINE -----

Appeal Decision

<input type="checkbox"/> Appeal Denied <input type="checkbox"/> Appeal Granted for all dates submitted	<input type="checkbox"/> Returned without action <input type="checkbox"/> Appeal granted for these dates only:
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Comments _____

Administrator's Signature: _____ **Date:** _____