School Name:	
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## **Appeal of Attendance Recording**

Name:		Id:	Gr:			
Part I. <u>Unexcused al</u> <u>DATES</u>	ence dates REASON		NOTE(S) ATTACHED			
			Y/N	Approve/Denied		
	_					
Part II, Parent/Guardi	an: Please attach all related docu	mentation when annlical	ole. (doctor/medica	l notes, etc.)		
	are: Contact Number(s):					
Student Signature:	ignature:		Date:			
Part III. Attendance So	ecretary Review: Review unlawfu	l absences. Please check:				
Appeal granted	d (unlawful absences meet MCPS at	tendance guidelines and re	ecord updated/teach	ers informed)		
Absences unla	wful and Attendance Intervention P	lan Form required (refer to	o counselor/adminis	trator)		
Attendance Secretary S	nature: Date:					
Please check:	Attendance Intervention Plan Form Other circumstances apply	Completed	•			
•						
Part V. Administrator	Decision: Appeal Gran	ted- Attendance Modified	(Yes/No)	_Appeal Denied		
Signature:		Date:				