Appeal of Attendance Recording

Name:	Id:	Gr:	
Part I. <u>Unexcused abs</u>	sence dates		
DATES	REASON	NOTE(S) ATTACHED	
		Y/N	Approve/Denied
improve your attenda	nce and master the material presented.		
	n: Please attach all related documentation when applicabl	•	
Please check:	retary Review: Review unlawful absencesAppeal granted (unlawful absences meet MCPS attendance _ Absences unlawful and Attendance Intervention Plan Form	required (refer to	counselor/administrator)
Attendance Secretary Sig	nature:	Date:	
Please check: A	ninistrator Review: Review Intervention Plan Form and rettendance Intervention Plan Form Completed ther circumstances apply	equirements	
Counselor Signature:		Date:	
Part V. Administrator D	Decision:		
Appeal Grante	dAppeal Denied		
Signature:		Date:	