

Appeal of Attendance Recording

Student Name: _____ ID: _____ Grade: _____

Part I. Unexcused absence dates

<u>DATES</u>	<u>REASON</u>	<u>NOTE(S) ATTACHED</u>	
		Y/N	Approve/Denied

Part II. Parent/Guardian: Please attach all related documentation before submitting to Attendance Secretary (doctor/medical notes, etc.)

Parent/Guardian Signature: _____ Contact Number(s): _____

Student Signature: _____ Date: _____

Part III. Attendance Intervention Plan

A commitment to school attendance is an essential component of a quality learning experience. Please state your commitment to attend regularly and engage in all classroom instruction. Be specific about how you will work to improve your attendance.

Part IV. Teacher signatures: Teachers sign in classes where students have received greater than 5 unlawful absences.

Period 1 _____ Period 4 _____ Period 7 _____

Period 2 _____ Period 5 _____

Period 3 _____ Period 6 _____

Part V. Attendance Secretary Review: Review unlawful absences and submit to Administrator for decision.

Attendance Secretary Signature: _____ Date: _____

Part VI. Administrator Decision

_____ Appeal granted (unlawful absences meet MCPS attendance guidelines and record updated/teachers informed).

_____ Absences unlawful and appeal is denied.

Signature: _____ Date: _____

The student should check in with Ms. Hawkins 5 days after submission for a decision regarding appeal.