

Appeal of Attendance Recording

Name: _____ ID: _____ Gr: _____

Unexcused absence dates	Reason for absence	Note Attached?	Approve/Denied
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Approve <input type="checkbox"/> Denied
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Approve <input type="checkbox"/> Denied
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Approve <input type="checkbox"/> Denied
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Approve <input type="checkbox"/> Denied
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Approve <input type="checkbox"/> Denied
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Approve <input type="checkbox"/> Denied
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Approve <input type="checkbox"/> Denied
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Approve <input type="checkbox"/> Denied

A commitment to school attendance is an essential component of a quality learning experience and regular attendance and engagement are required in order to demonstrate mastery of the material. Please state your commitment to attend regularly and engage in all classroom instruction. Be specific how you will work to improve your attendance and master the material presented.

Part II. Parent/Guardian: Please attach all related documentation when applicable. (doctor/medical notes, etc.)

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

Student Signature: _____ Date: _____

Part III. Attendance Secretary Review: Review unlawful absences.

Please check: _____ Appeal granted (unlawful absences meet MCPS attendance guidelines and record updated)
 _____ Absences unlawful and Attendance Intervention Plan Form required (refer to counselor/administrator)

Attendance Secretary Signature: _____ Date: _____

Part IV. Counselor/Administrator Review: Review Intervention Plan Form and requirements

Please check: _____ Attendance Intervention Plan Form Completed
 _____ Other circumstances apply

Counselor Signature: _____ Date: _____

Part V. Administrator Decision:

_____ Appeal Granted _____ Appeal Denied

Signature: _____ Date: _____

