

ATTENDANCE COMMITTEE APPEALS REVIEW FORM

SCHOOL NAME: _____ CAMPUS # _____ DATE _____

NAME OF STUDENT: _____ ID# _____

TEACHER/ADVISOR: _____

After reviewing the attendance record of the above named student, the Attendance Committee _____ the removal of the
(approves or disapproves)

excessive absence designation (*) for the following subjects:

All subjects? Yes _____ No _____

Reason(s) for removal of (*): _____

Conditions for removal of (*): _____

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Attendance Committee Member

Signature of Principal, Attendance
Committee Chairperson

Approval Date _____

Copy to clerk _____
Filed in student's folder _____
Input on computer _____