

Attendance Appeals Form

<input type="checkbox"/> First Appeal for Course
<input type="checkbox"/> Second Appeal for Course <i>Medical documentation required if due to illnesses</i>

**To be submitted to the MHS Attendance Office within 5 days of a loss of credit notification. All sections must be complete in order to process appeal.**

Name _____	Grade _____
Date _____	

⇒Loss of credit: Course(s) Title(s) \_\_\_\_\_

⇒Date of notification \_\_\_\_\_

⇒Current grade in course(s): \_\_\_\_\_ (attach most recent printout from Skyward)

⇒Check the appropriate box:

- Loss of credit due to only unexcused absences
- Loss of credit due to a combination of unexcused/excused absences
- Loss of credit due to only excused absences

⇒List the dates of absences, reasons, and any further information.

Please attach the most recent attendance report.

X (Office use only)	Date of Absence	Excused/Unexcused	Reasons
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

**Please attach any supporting documentation, i.e. doctor notes, appointment cards. (Required for second appeals.)**

⇒ Please provide any other details to support your appeal that you want the attendance team to know.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent(s) Signature

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#### **Determination of MHS Administration**

**Appeal Granted**

The dates marked with an “X” next to the date on the reverse are exempted.

**Additional Considerations:** *Those marked apply to this course.*

- Any further unexcused absences will result in immediate loss of credit. No further appeals permitted.
- Any further excused absences due to illness will require medical documentation.
- No further absences and/or appeals permitted.
- Other: \_\_\_\_\_

**Appeal Denied**

- Rationale

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date