SVHS Attendance Credit Appeal Form

Student Name: _____

Student ID #: _____

Grade: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Date: _____

Attendance Credit Appeal

According to SVHS attendance policy, students who exceed 9 **absences** will be removed from the course regardless of academic performance.

If your student has exceeded the allowable number of absences, you may submit this appeal for review. Completing this form **does not guarantee that credit will be restored.** All appeals will be reviewed by the Attendance Review Committee/Administration based on school policy and supporting documentation.

Course(s) Being Appealed

Course	Teacher	Number of Absences
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Appeal

Please explain why your student exceeded the attendance limit. Include any circumstances you believe should be considered.

Supporting Documentation

Please check all that apply and attach copies if available.

☐ Physician or medical documentation

☐ Court documentation

☐ Funeral or obituary

☐ Counseling or mental health documentation

☐ Family emergency documentation

☐ Students with an active 504 Plan

☐ Students with an active IEP

☐ Severe extended medical

Student Statement (Optional)

Parent/Guardian Acknowledgement

I understand that:

- My student has exceeded the attendance limit established by SVHS.
- Submission of this appeal does not guarantee restoration of course credit.
- The Attendance Review Committee/Administration will review all submitted information before making a final decision.
- The committee's decision will be communicated after the appeal has been reviewed.

Parent/Guardian Signature: _____

Date: _____

Office Use Only

Date Appeal Received: _____

Reviewed By: _____

Decision:

☐ Approved

☐ Denied

☐ Additional Information Required

Comments:

Administrator Signature: _____

Date: _____