

**Seneca High School**  
**A+ Attendance Appeal Form**

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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This request is to appeal school absences for the following:

\_\_\_\_\_ First Semester    \_\_\_\_\_ Second Semester    School Year \_\_\_\_\_

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In the space below, indicate the date(s) of absence and the reason for the request to be reviewed. Please attach any documentation that supports your appeal. Absence appeals must be submitted no later than the end of the semester in which the absence occurred.

<b>Date of Absence</b>	<b>Reason for Absence</b>

For A+/ Principal Office Use:	
Date Reviewed: _____	Appeal Accepted _____
Date Appeal Committee Met: _____	Appeal Denied _____
Date Decision Letter Sent: _____	