

Secondary Attendance Appeal Policy

The School Board Policy 5200 states: A student who is absent more than nine (9) days within a semester or four (4) days a quarter for block schedule schools will not receive a passing grade for the semester in accordance with Florida Statute unless absences are approved.

Students who are in jeopardy of not receiving course credit due to exceeding the nine (9) day per semester attendance policy may apply for an attendance appeal. Absences not counting toward the nine (9) day / four (4) day attendance policy are court dates, religious holidays, illness with medical documentation, and chronic and extended illness.

The Attendance Appeal Committee consists of at least three to five (3-5) persons. Appropriate committee personnel include: an administrator, guidance counselor, attendance clerk, and teachers.

Appeal application packets for all students will be available in the office. The packets must be completed and returned to the office a minimum of two (2) weeks prior to end of the grading period.

Parents/Students will be notified of the time, date, and location of the appeal hearing. Parents/Students will also be notified within one (1) week of the appeal committee decision.

**Secondary
Student Attendance Appeal Packet**

Name: _____ Grade Level: _____ Date: _____

Class Schedule for Year _____

PERIOD	COURSE	TEACHER	GRADE (A-F)
(optional)			
1st			
2nd			
3rd			
4th			
5th			
6th			

- (1) Complete the top portion of this page and circle the period(s) and course(s) for which you are applying for an appeal.
- (2) Complete the appropriate portion of the page titled Course Form and give this to each teacher.
- (3) Complete the statement page provided. Include any documentation in support of your absences that have not been submitted to the attendance office.

The attendance office will provide a printed copy of your school attendance record for the appeal hearing.

Once you have completed the above-specified steps, you are required to turn in your appeal packet to the attendance office. It must be turned in no later than two (2) weeks prior to the end of the grading period.

*You will be notified of the time, date, and location of your appeal hearing. Please be on time. **You are invited and encouraged to bring your parent(s)/guardian.** You will be notified within one (1) week of the Attendance Appeal Committee decision.*

**FAILURE TO COMPLETE THE STUDENT STATEMENT PAGE OR APPEAR
FOR YOUR SCHEDULED INTERVIEW WILL INVALIDATE YOUR APPEAL
REQUEST.**

SECONDARY COURSE FORM

- (1) Student is required to complete the information in Section I and give to his/her teacher.
- (2) The teacher is asked to complete Section II.

SECTION I:

Student Name: _____ Course Name: _____

Earned Grade (if appeal is granted): A B C D F Period: _____

SECTION II:

Total Absences: _____

Dates of Absences: _____

Teacher Comments (optional):

Teacher Signature (required)

SECONDARY COURSE FORM

- (1) Student is required to complete the information in Section I and give to his/her teacher.
- (2) The teacher is asked to complete Section II.

SECTION I:

Student Name: _____ Course Name: _____

Earned Grade (if appeal is granted): A B C D F Period: _____

SECTION II:

Total Absences: _____

Dates of Absences: _____

Teacher Comments (optional):

Teacher Signature (required)

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Earned Grade (if appeal is granted): A B C D F Period: _____

SECTION II:

Total Absences: _____

Dates of Absences: _____

Teacher Comments (optional):

Teacher Signature (required)

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SECTION II:

Total Absences: _____

Dates of Absences: _____

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SECTION II:

Total Absences: _____

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SECTION I:

Student Name: _____ Course Name: _____

Earned Grade (if appeal is granted): A B C D F Period: _____

SECTION II:

Total Absences: _____

Dates of Absences: _____

Teacher Comments (optional):

Teacher Signature (required)

SECONDARY STUDENT STATEMENT PAGE

On this page please explain why you have exceeded the number of absences permitted. You should also state why you believe you should be considered for an appeal to the attendance policy to receive full course credit. You are invited to include any documentation that you believe will assist you in your efforts to receive this appeal.

Dear Attendance Appeal Committee:

I, _____ am applying for an attendance appeal indicated on the first page because:

(Use the back of this page as necessary.)

Sincerely,

Student

Date

I acknowledge that my son/daughter is applying for an attendance appeal for one or more course(s) during the 1st / 2nd semester or 1st, 2nd, 3rd, 4th quarter if in block schedule (please circle one) of the _____ school year.

Parent/Guardian

Date

Home Telephone

Work Telephone