

# **Attendance Appeals Instructions**

FOR

Viera High School Students

- ✓ Student must complete pages 2 (Secondary-Student Attendance Appeal Packet) and 3 (Student Statement Page) of the attached Attendance Appeals Packet.
- ✓ Parent **MUST** sign Student Statement Page (page 3).
- ✓ Parent **MAY** complete the Parent Statement Page (page 4) and include with the packet.
- ✓ **ALL** Attendance Appeals Packets (pages 2 & 3) are due to the attendance office **NO LATER THAN** 3:45 pm on Monday, December 13<sup>th</sup>, 2021

Please e-mail or call Mrs. Flora with any questions.

E-mail: [flora.christy@brevardschools.org](mailto:flora.christy@brevardschools.org)

Telephone: 321 632 1770 ext. 28076

Completed Attendance Appeals Packets DUE to the Attendance Office **NO LATER THAN** Monday, December 13<sup>th</sup>, 2021.

SECONDARY – STUDENT ATTENDANCE APPEAL PACKET

Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

Period	COURSE	TEACHER	SEMESTER GRADE (A-F)	TEACHER SIGNATURE
1				
2				
3				
4				
5				
6				
7				

- A. Complete the top portion of this page and circle the period(s) and course(s) for which you are applying for a waiver.
- B. Complete the statement page provided. Include any documentation in support of your absences that have not been submitted to the attendance office.

Please reference the printout you were given for which classes you need to apply for the attendance appeal. Any period with 9 or more absences are classes you are in jeopardy of failing.

Once you have completed the above-specified steps, you are required to turn in your appeals packet to the Attendance office or cafeteria. It must be turned in no later than Monday, December 13<sup>th</sup>, 2021.

You will be notified in writing of the Attendance Appeal Committee decision.

**FAILURE TO COMPLETE THE STUDENT STATEMENT PAGE WILL INVALIDATE YOUR REQUEST.**

## 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 because:

*(Use the back of this page as necessary.)*

Sincerely,

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

\_\_\_\_\_  
Date

I acknowledge that my child is applying for an attendance appeal for one or more course(s) during the 1st semester of the 2021-2022 school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

**PARENT STATEMENT PAGE**  
**(optional)**

On this page please explain why your child has exceeded the number of absences permitted. You should also state why you believe your child should be considered for an appeal to the attendance policy to receive a passing grade. 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,

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone