



## Secondary Attendance Appeal Policy

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

Students who are in jeopardy of not receiving course credit due to exceeding the four (4) day per quarter attendance policy may apply for an attendance appeal. Absences not counting toward the (4) day attendance policy are court dates, doctor excuses and religious holidays. Medical documentation of absences will be approved on appeal.

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 attendance office. The packets must be completed and returned to the attendance office a minimum of two (2) weeks prior to the 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.

If you have any further questions regarding this matter, please contact Jeanne Andrews or Brenda Harris at 264-3004.

Jeanne Andrews  
Asst. Principal

Brenda Harris  
Attendance Clerk

**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 in the courses 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 1<sup>st</sup> / 2<sup>nd</sup> semester or 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> quarter if in block schedule (please circle one) of the \_\_\_\_\_ school year.

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

\_\_\_\_\_  
Date

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

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

**Secondary  
Student Attendance Appeal Packet**

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

Class Schedule 2002-2003

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 absence: \_\_\_\_\_

Teacher Comments (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature (required)

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- (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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- (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 absence: \_\_\_\_\_

Teacher Comments (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature (required)

\*\*\*\*\*

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- (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)