



Our personal best. Every day. No exceptions. No excuses.

# NEW HAVEN HIGH SCHOOL ATTENDANCE APPEAL FORM

**STUDENT NAME:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**DATES TO BE APPEALED:**

mm/dd									

- DATES AND REASON FOR ABSENCE:** (Please specify exact reason for absence: ex: 9/13 Measles, 10/11 sore throat, 11/3 court, etc.)

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- ATTACH DOCTOR'S NOTES OR OTHER SPECIFIC INFORMATION NEEDED FOR ABSENCE(S)** (if not already turned into office).

- I understand that by requesting and providing information, it does not guarantee that my student's appeal will be granted.

**SIGNATURE OF PARENT:** \_\_\_\_\_

Administrative Use Only:

DATE RECEIVED: \_\_\_\_\_

Appeal Granted  Appeal Denied

Reason: \_\_\_\_\_

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Principal or AP's Signature

Date