Parkway School District
A+ Attendance Appeal Form

PLEASE **PRINT** THE FOLLOWING INFORMATION

Last Name_____First Name _____Middle _____

Street Address _____City _____ ZIP _____

Student Number _____ Home Phone Number _____

This request is to appeal school absences for the following:

____First Semester ____Second Semester ____School Year

In the space below, please indicate the date(s) of the absence(s) and the reason for the request to be reviewed. Please attach all documents that support your appeal. This request must be received by the A+ Coordinator within 30 days of the missed absence(s). All appeals will be heard by the end of the semester.

Date of Absence	**Reason for Absence**

(Attach additional sheets if necessary)

I affirm that the information and all attached documentation are true and honest statements. Further, I understand that action may be brought against me by the school district under the Code of Conduct for providing false or misleading information, statements and/or records.

_____ _____ _____

Student Signature **Parent Signature** **Date**

Please circle the high school you attend and return the form to the appropriate A+ Coordinator.

Parkway Central	Parkway North	Parkway South	Parkway West
Susan Byergo	LuAnn Fallahi	Amy Belding	Jeff Duncan
369 N. Woods Mill Rd	12860 Fee Fee Road	801 Hanna Road	14653 Clayton Rd
Chesterfield, MO 63017	St. Louis, MO 63146	Manchester, MO 63021	Ballwin, MO 63011

For Office Use Only

Date received_____ Appeal Accepted_____

Date Appeal Committee Met_____ *Days/Hours Waived*_____

Date Decision Letter Sent_____ Appeal Denied_____