

Helias Catholic High School

A+ Attendance Appeal Form

Student Name: _____ Date: _____

Name of Parent and/or Guardian: _____

Address: _____

City: _____ Zip Code: _____

Please explain the reason for exceeding the absence limit. Examples would be hospitalization, extended illness, accident and/or death in the immediate family. Attach an additional page if necessary.

In the space provided below, please indicate the absence dates and excuse of absence. (Please attach all documentation to verify absences.)

Absence Date: _____ Excuse: _____

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Absence Date: _____ Excuse: _____

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Absence Date: _____ Excuse: _____

Absence Date: _____ Excuse: _____

Absence Date: _____ Excuse: _____

Absence Date: _____ Excuse: _____

Absence Date: _____ Excuse: _____

Total Number of High School Absences: _____ School Year: 20__ 20__ 20__ 20__

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For Office Use Only

Cumulative GPA: _____ Tutoring Hours: _____ Date of Appeal Hearing: _____

Committee Decision:

Appeal Granted: _____ Appeal Denied: _____ Written Notification mailed on: _____