

Last Name : _____

First Name : _____

Advisor : _____

Grade: _____

Cedar Ridge High School 2nd Nine Weeks Attendance Appeals Request

This **MUST** be turned into Mrs. Fields in the main office, by **no later** than 4:30 pm, Thursday, January 14, 2010.

I am requesting an appeal for the following absences. I understand that completing this form does not guarantee a successful appeal. I further understand that incomplete forms will not be accepted. Appropriate documentation (doctor's notes, prior approval from the principal, court papers, ect.. and parent/guardian notes must be received within two days of the absence) is required and should be on file in the NC Wise/Attendance Office.

Student's Signature _____ Parent/Guardian's Signature _____ Date: _____

1st Block Course Name: _____ **Teacher's Name:** _____ **Days Absent:** _____

Dates student was absent from this class: _____

TEACHER USE ONLY: How have these absences affected the students performance in your class? _____

_____ Teacher's Signature and Date _____

2nd Block Course Name: _____ **Teacher's Name:** _____ **Days Absent:** _____

Dates student was absent from this class: _____

TEACHER USE ONLY: How have these absences affected the students performance in your class? _____

_____ Teacher's Signature and Date _____

3rd Block Course Name: _____ **Teacher's Name:** _____ **Days Absent:** _____

Dates student was absent from this class: _____

TEACHER USE ONLY: How have these absences affected the students performance in your class? _____

_____ Teacher's Signature and Date _____

4th Block Course Name: _____ **Teacher's Name:** _____ **Days Absent:** _____

Dates student was absent from this class: _____

TEACHER USE ONLY: How have these absences affected the students performance in your class? _____

_____ Teacher's Signature and Date _____

FOR OFFICE USE ONLY

Date Received: _____ Approved _____ Denied _____

Comments: _____

Waiver Committee Chairperson's Signature

Date