

Carroll County
Attendance Appeal Form
Board Policy JBD-1

Student Name _____ Student ID # _____

School _____

Classes Appealed:

Teacher:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

Reason for appeal: (all documentation must be attached to this sheet if it has not been turned in at the office)

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

For Office use only

Appeal Approved _____ **Appeal Denied** _____

Explanation: _____

School Official Signature _____ **Date** _____