

APPEAL OF CITIZENSHIP REQUIREMENTS FORM
FOR THE SHS A+ SCHOOLS PROGRAM STUDENT CERTIFICATION

Date of Appeal Request: _____

Student: _____ Graduation Year: _____

Parent/Guardian: _____ Phone Number: _____

Address: _____
Street or PO Box City Zip Code

This request to appeal the citizenship requirements regarding certification of A+ Student status is for the following:

Semester: _____ Fall _____ Spring School Year: _____

In the space provided below, please indicate the basis of your appeal concerning the removal of student from the A+ Schools program due to a failure to meet the required citizenship requirements for A+ student certification. Return this completed form to the A+ Coordinator's office within **30 calendar days** of receiving notification of student's dismissal from the A+ Schools Program. Please attach any documentation that supports your appeal, or if more space is needed.

Why should the student be able to regain their A+ Schools student status?

Parent Signature (required if the student is under 18 years of age) Date _____

Citizenship Review Committee Comments:

A+ Coordinator

High School Principal

Appeal Granted _____

Date _____

Appeal Denied _____

Date _____