

Ledyard High School  
 Denial of Credit Appeal Form  
 Due to Attendance

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School Counselor's Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

I am appealing my denial of credit in the following course(s):

Course Name	Teacher	Date of Denial	Office Use Only

The reason(s) for my appeal are:

- Dr. \_\_\_\_\_ has instructed me to miss school for medical reasons on the following dates.**
  - A medical note is attached.
  - Medical documentation has been previously submitted.

Medical Dates Missed:			

- I had the following legal obligation(s) on the date(s) indicated.**
  - Legal documentation is attached.
  - Legal documentation has been passed in previously.

- There has been an error in my number of absences from class. Certain absences which should not have been counted were included. The dates in question are listed below with the reasons why they should not be included.**

<b>Dates</b>	<b>Explanations</b>

- My attendance was irregular due to extraordinary circumstances. I have summarized those circumstances below and will provide a more detailed explanation or documentation if I meet with an assistant principal.**

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When this form has been received, an assistant principal may meet with you to further discuss your reasons for appeal.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_