Montgomery County Public Schools

Appeal of Attendance Recording

Name: ___________________________  Id: ___________________________  Gr: ___________________________

Part I. **Unexcused absence dates**

<table>
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<tr>
<th>DATES</th>
<th>REASON</th>
<th>NOTE(S) ATTACHED</th>
<th>Y/N</th>
<th>Approve/Denied</th>
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A commitment to school attendance is an essential component of a quality learning experience and regular attendance and engagement are required in order to demonstrate mastery of the material. Please state your commitment to attend regularly and engage in all classroom instruction. Be specific how you will work to improve your attendance and master the material presented.

________________________________________________________________________________________________________________________________________________

Part II. Parent/Guardian: Please attach all related documentation when applicable. (doctor/medical notes, etc.)

Parent/Guardian Signature: ___________________________  Contact Number(s): ___________________________

Student Signature: ___________________________  Date: ___________________________

Part III. Attendance Secretary Review: Review unlawful absences.

Please check:  _____ Appeal granted (unlawful absences meet MCPS attendance guidelines and record updated

_____ Absences unlawful and Attendance Intervention Plan Form required (refer to counselor/administrator)

Attendance Secretary Signature: ___________________________  Date: ___________________________

Part IV. Counselor/Administrator Review: Review Intervention Plan Form and requirements

Please check:  _____ Attendance Intervention Plan Form Completed

_____ Other circumstances apply

________________________________________________________________________________________________________________________________________________

Counselor Signature: ___________________________  Date: ___________________________

Part V. Administrator Decision:

_____ Appeal Granted  _____ Appeal Denied

Signature: ___________________________  Date: ___________________________