



ATTENDANCE APPEAL  
TO  
BOARD ATTENDANCE REVIEW COMMITTEE

PLEASE NOTE:

This request for appeal of the principal's decision is only for **unusual** or **rare** circumstances beyond the student's control that did not require hospitalization.

This request must be accompanied by **all** supporting documentation showing evidence of unusual or rare circumstances.

**Send all documentation within 3 days of receipt of this form from the principal.**  
**This information must be in Student Services no later than January 26, 2007.**

**TO: BOARD ATTENDANCE REVIEW COMMITTEE  
C/O STUDENT SERVICES  
CLARKSVILLE-MONTGOMERY COUNTY SCHOOLS  
621 GRACEY AVENUE  
CLARKSVILLE, TN 37040**

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S COMPLETE ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

CLASS/CLASSES DENIED CREDIT: **(Principal Complete)**

1<sup>st</sup> Pd. \_\_\_\_\_ # Absences \_\_\_\_\_ 2<sup>nd</sup> Pd. \_\_\_\_\_ # Absences \_\_\_\_\_

3<sup>rd</sup> Pd. \_\_\_\_\_ # Absences \_\_\_\_\_ 4<sup>th</sup> Pd. \_\_\_\_\_ # Absences \_\_\_\_\_

5<sup>th</sup> Pd. \_\_\_\_\_ # Absences \_\_\_\_\_ 6<sup>th</sup> Pd. \_\_\_\_\_ # Absences \_\_\_\_\_

**Principal Signature** \_\_\_\_\_

REASON(S) FOR APPEAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUEST MADE BY \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE