

OREM HIGH SCHOOL ATTENDANCE APPEAL FORM

NAME OF STUDENT _____ STUDENT ID _____

<u>DATE OF ABSENCE</u>	<u>CIRCLE ABSENT PERIODS</u>				<u>REASON</u>
_____	1	2	3	4	_____
_____	1	2	3	4	_____
_____	1	2	3	4	_____
_____	1	2	3	4	_____
_____	1	2	3	4	_____
_____	1	2	3	4	_____
_____	1	2	3	4	_____
_____	1	2	3	4	_____
_____	1	3	4	4	_____

(ADVISORY)

PARENT/GUARDIAN: _____ PHONE # _____
(Signature)

Return this form to the OHS Attendance Office when complete

For Office Use Only

Date appeal was received _____

Appeal has been: Granted Rejected Sent to Committee

Parent/Guardian Contacted Date _____

Administrator's Signature _____ Date _____

Administrator's Comments: