



## Howell High School Attendance Appeal

Student Name: \_\_\_\_\_

I am requesting my grades be reinstated for the \_\_\_\_\_ school year.  
(please check all that apply)

- Semester 1
- Semester 2

|            |  | Semester 1   | Semester 2   |
|------------|--|--|--|
| Class Name |  | Number of class periods OVER limit (limit is 5 per semester) | Number of class periods OVER limit (limit is 5 per semester) |
| 1st Period |  |  |  |
| 2nd Period |  |  |  |
| 3rd Period |  |  |  |
| 4th Period |  |  |  |
| 5th Period |  |  |  |
| 6th Period |  |  |  |
| 7th Period |  |  |  |

Reason for excessive absences: \_\_\_\_\_

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

\_\_\_\_\_  
Student Signature      Date

\_\_\_\_\_  
Parent Signature      Date

**OFFICE USE ONLY:**

Appeal Granted \_\_\_\_\_ Appeal Denied, Time Make Up Required: \_\_\_\_\_

Revised 1/3/22