



Scott City High School A+ Schools Program Citizenship Appeal Form



Student Name: _____

Parent(s) Name: _____

This request is to appeal an A+ Citizenship violation resulting in removal from the A+ Program. In the space below, please indicate the date(s) of disciplinary action and the reason for the request to be reviewed. Please attach any documentation that supports your appeal.

The A+ Coordinator must receive this request within 30 days of notification of the A+ Citizenship Violation.

The Appeals Committee will decide to accept or deny the appeal.

Date of Incident(s):

Date of Removal Letter:

Justification for Appeal:

For A+ Office Use:

Date Reviewed: _____

Date Decision Letter Sent: _____

Date Appeal Committee Met: _____

Appeal: **ACCEPTED** **DENIED**