

Timpanogos High School
Attendance Appeal Form

1. Fill out the Following:

Student Name: _____ Grade: _____

Student Number: _____ Date: _____

2. To which dates and class periods does this appeal apply?

3. What is your request in regard to these absences?

4. Please attach a letter explaining the extenuating circumstances.

Please keep in mind the following:

- Absences and check-ins due to medical appointments or illness do not need to be appealed if a note from the doctor is brought in to the attendance office.
- Tardies should not be appealed

5. Name of Parent/Guardian _____ day phone _____

Parent/Guardian Signature _____

**by signing the parent understands that the appeal may be granted, partially granted, or denied. The student should attend ARC in case the appeal is denied.*

Return Form to Timpanogos Attendance Office when completed

FOR OFFICE USE

Date Appeal was received _____

Appeal has been: GRANTED DENIED PARTIAL GRANTED

Administrator Signature _____ Date _____

Decisions and
Comments: _____

Parent/Guardian Contacted/Date _____

Student Contacted/Date Emailed/Date _____