



**BALDWIN COUNTY BOARD OF EDUCATION
ATTENDANCE DEPARTMENT**

APPEAL FORM

PLEASE PRINT OR TYPE

STUDENT'S NAME: _____ DOB: _____
BASE SCHOOL: _____ GRADE: _____
PARENT/GUARDIAN : _____
HOME # : _____ CELL # : _____ WORK # : _____

Person Initiating the Appeal

Name: _____ Signature: _____
911 Address: _____ Date: _____
City, State, Zip: _____

Student Background Information (Current Year)

<input type="checkbox"/> Unexcused Absences # of Days: _____	<input type="checkbox"/> Excused Absences # of Days: _____
<input type="checkbox"/> Unexcused Tardies # of Days: _____	<input type="checkbox"/> Excused Tardies # of Days: _____
<input type="checkbox"/> Physician Notes # of Days: _____	<input type="checkbox"/> Excused Susp. # of Days: _____
<input type="checkbox"/> Unexcused Suspension # of Days: _____	

Outcome of Campus Level Appeal

Parent Conference Prior to Campus Level Appeal? (This is NOT required.) Yes No Date: _____

Letter Sent? Yes Date: _____

Has the student attended Academic Saturday School? Yes No Date: _____

Recommendation(s): _____

School Counselor's Signature _____ **Principal and/or Designee's Signature** _____
Signature _____ **Date:** _____ **Signature** _____ **Date:** _____

