Rule of 85 Appeal Form

Student Name:	Grade:	Date:	
Please provide the following documenta	tion when and where app	licable:	
Documentation of a medical cond	dition that has led to excu	sed absences.	
Please explain why you feel you should b	oe an exception to the Rul	e of 85.	
What can you do to improve your overal	l attendance?		
Student's Signature:			
Parent's Signature:			
Office use only: Approved:			
Conditional Appeal:			
Administrator's Signature:			