

Clover Garden School  
Athletic Attendance Appeal Request

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ and \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Year/Semester Appealing: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Principal Signature: \_\_\_\_\_

\*The athletic attendance appeal request is due to the fact your son/daughter has missed more than 10 days of school for the previous semester. Per Clover Garden School's Student/Parent Handbook for athletic eligibility:

“A student-athlete total number of absences for a semester cannot exceed ten per semester.”

Each student's absences will be reviewed by the administration prior to the following semester. An athletic attendance policy appeals committee shall be established to hear appeals. This appeals committee shall consider student/family hardships and any extenuating circumstances, as it pertains to medical documentation. Parents and guardians will have the opportunity to appeal absences to the Athletic Attendance Committee. Parents and students must present documentation to the appeals committee justifying all medical absences.

**Appeals for absences which had no supporting medical documentation at the time of the absence will not be considered.**

**TO BE CONSIDERED, THE FOLLOWING INFORMATION MUST BE INCLUDED. FAILURE TO INCLUDE ALL INFORMATION MEANS THE APPEAL WILL BE DENIED.**

- Principal's Signature granting permission for an appeal.
- Absent Documentation the student-athlete had missed, reasons why and if the notes are attached.
- Medical documentation by the treating physician and that documentation (hospital records, doctor letter, etc.) must be included.
- Parent letter briefly explaining and include any documentation or attachments, as to why the athletic attendance appeal should be granted for the student-athlete.

Absent Documentation

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Absence	Reason for Absent	Note Attached
1.		YES NO
2.		YES NO
3.		YES NO
4.		YES NO
5.		YES NO
6.		YES NO
7.		YES NO
8.		YES NO
9.		YES NO
10.		YES NO
11.		YES NO
12.		YES NO
13.		YES NO
14.		YES NO
15.		YES NO
16.		YES NO
17.		YES NO
18.		YES NO
19.		YES NO
20.		YES NO

This form was filled out by:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\*For Office Use Only

Athletic Attendance Appeal has been: Denied \_\_\_\_\_ Approved \_\_\_\_\_

Date: \_\_\_\_\_ Principals Signature: \_\_\_\_\_