



Montclair High School

100 Chestnut Street – Montclair, NJ 07042 – 973-509-4069 – Fax 973-509-4098
Anthony M. Grosso – Principal

ATTENDANCE LOSS OF CREDIT APPEAL FORM

Student: _____ Grade: _____ Counselor: _____

This completed loss of credit appeal form must be returned to the MHS Main Office no later than 10 school days after receipt of the loss of credit letter. Any supporting documentation that may excuse a student's absence (medical, college visit, etc.) must be submitted before the appeal is scheduled. You will be notified regarding the date and time of the appeal once the completed form is received.

List the courses where credit was lost:				For Office Use Only		
COURSE	TEACHER	PERIOD	TYPE OF COURSE (Full year, Semester, or Quarter)	Seniors: Need for Graduation?	Date of LOC letter	Appeal Received within 10 days of LOC Letter

Please provide an explanation of the extenuating circumstances that caused you to accrue excessive unexcused absences:

Parent/Guardian: All documentation, including doctor/ medical notes, has been submitted and there is no information outstanding.

Parent/Guardian Signature _____ Student Signature _____ Date _____

Parent/Guardian Telephone Number: (Home) _____ (Work) _____ (Cell) _____

Counselor Review: The counselor and case manager (if applicable) have reviewed and implemented interventions regarding attendance and the Individual Education Plan (IEP) or 504 Plan Accommodations (if applicable). Counselor is to attach printout of attendance conferences held with student/parent. Counselor is to use the above column to indicate if this course is a graduation requirement for a senior.

Counselor's signature _____ Case Manager's signature _____ Date _____

Medical Documentation: The nurse has reviewed all medically related absences.
Comments:

Nurse's signature _____ Date _____