

Appeal of Absence Form

StudentName	Student#	
Parent(s) Name	_	
Address		
	Date of Appeal Request	
This request is for appeal of abse	ence(s) for the following;	
Semester: First Secon	nd SchoolYear:	
attach the documentation as reques	the date(s) of the absence(s) and the reason(s) for the absend sted in the Student Manual. This request must be received b (30) days of the receipt of the semester or end of the year a	y the Building
<u>Date of Absence</u>	Reason for Absence	
		-
		-
		-
For A+ Office Use Only]
Date Received:Action Taken: AcceptedDenied		
Date Decision Letter Sent:		



A+ Citizenship Appeal Form

StudentN	Name	Student ID #		-
Parent(s) I	Name			-
Address_		Zip		_
Telephone	e Number ()			
pleaseind	est is to appeal an A+ Citizenship violation or dicate the date(s) of the disciplinary action a station that supports your appeal.	• .	•	•
probation	est must be received by the Building Level A n. If violation occurs during the last two weel e of Probation or notice of removal from th	s of a school year, this appea	, •	•
Date of inc	cident(s):			<u>—</u> .
Date of Pi	robation/Removal Letter:			
Justifica	tion for appeal:			
	For A+ Office Use]
	Date Reviewed	Appeal Accepte	ed	
	Date Appeal Committee Met:	Appeal Denied		
	Date Decision Letter Sent			



A+ Schools Program

Student Tutoring/Mentoring/Job Shadowing Activity Report

Name Graduation Year

A+ Students must perform 50 hours of unpaid tutoring/mentoring/job shadowing; Twelve and one half hours (12.5 hours) may be completed by job shadowing. Tutoring/mentoring must be one-on-one, on district property, under the direction of a certified teacher, and academic in nature. Job Shadowing may occur at an off campus site but must be approved by the Building Level A+ Coordinator.

Date of	Location	Start	End	Total	Description of	Staff
Activity		Time	Time	Hours	Tutoring/Mentoring/Job Shadowing Activities	Signature
	<u> </u>	•	Total Hou	irs		

Return this form to the A+ Coordinator's Office



Liability Release for A+ Tutoring/Mentoring/Job Shadowing (Only complete if you go off campus to conduct tutoring/mentoring/job shadowing)

Student Name		Phone	
Address		7:	
Street	City	Zip	
SLPS High School Attending			
As the parent(s) of			
furnish his/her own transportation to the tutor signature(s) that the St. Louis Public School Dis			
teachers, or the tutoring/job shadowing sponse to my son/daughter while going to or from the		· · · · · · · · · · · · · · · · · · ·	•
I/We further authorize my child to be admitted participating in this program. I/We do further treatment.	-		•
By signing the medial release and hold harmles claims and causes of actions for damages to or participating in the program.	· · · · · · · · · · · · · · · · · · ·		
Parent(s) Signature(s)		 Date	