

**LEDYARD HIGH SCHOOL**

**REQUEST FOR APPEAL  
OF  
DENIAL OF CREDIT**

Student's Name: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Request: \_\_\_\_\_

I am appealing denial of credit in the following course(s):

Course	Teacher	Date of Denial

The reason(s) for my appeal are:

\_\_\_\_\_ There has been an error in the number of absences from class. Certain absences, which should not be counted, were included. **The dates in question are listed with the reasons why they should not be counted:**

\_\_\_\_\_ Dr. \_\_\_\_\_ instructed me to miss school for medical reasons on the following dates. **A doctor's note or medical release form is included:**

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\_\_\_\_\_ I had the following legal obligation on the dates indicated. **Documentation is included.**

\_\_\_\_\_ I am a bus student and transportation was not provided. **The dates are listed below.**

\_\_\_\_\_ My attendance was irregular due to extraordinary circumstances not listed above. **I have summarized those circumstances below** and will provide a more detailed explanation or documentation if requested.

**\* Please write at least a paragraph on why you are appealing your loss of credit. \***

When this form has been completed, an assistant principal will meet with you to discuss your appeal and to schedule a hearing if necessary.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**