**APPEAL LOSS OF CREDIT**

Dear Student,

You have been issued a loss of credit. You have the opportunity to appeal this loss of credit to the Amity High School Loss of Credit Appeal Committee. You will need to provide the following information to your school counselor **within four (4) weeks of notification of loss of credit.** The final day appeals may be submitted is one week prior to the last day of school. The final day appeals may be submitted for first semester courses is by January 15, 2015.

You must obtain the following documents to complete your appeal packet:

1. Medical, Court or other **Official** Documentation
2. Narrative from parent(s) explaining the nature of the absences
3. Narrative from student explaining the nature of the absences

**In addition, please complete the top portion of the teacher statement and give it to your teacher for consideration. He/She will return it to your school counselor.**

\*Please note- the Amity High School Loss of Credit Appeals Committee **will not** consider any appeals if any of the above information is not included.

If you have any questions or concerns about the appeal process, please make an appointment with your school counselor.

Sincerely,

Amity High School Loss of Credit Appeal Committee

Enclosures: Student Narrative

Parent Narrative

Teacher Statement

**Student Narrative**

Provide a detailed explanation of your absences. \*Note- This explanation should be supported by any medical, court, or other official documentation contained with your appeal packet.

List two things that you will commit to doing differently in order to improve your attendance in the future.



Student Signature Date of Appeal

**Parent/Guardian Narrative**

Your child is applying to appeal his/her Loss of Credit. Please provide an explanation for your child’s absences. Reference any medical, court or other official documentation contained in the appeal packet.

What corrective actions are being taken in the home to improve your child’s attendance at school?

Parent Signature: Date of Appeal:

**Teacher Statement**

Dear Amity High School Teacher,

The student referenced below is in the process of appealing his/her loss of credit in your course. Part of this process requires them to solicit your feedback. Please complete the information below, place this form in the envelope provided, seal the envelope, sign across the seal, and return the envelope to the student’s School Counselor.

Thank you,

Amity High School Loss of Credit Appeal Committee

**Student Complete This Portion:**

Student: Student’s Counselor:

Teacher:

Course: Period \_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please provide information regarding the student’s level of participation, attendance,

initiative to make up missed work, and current academic standing in your course:

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Optional:

Please provide the appeals committee any relevant information which you believe will help inform the decision to reinstate or deny credit to this student.