



BALDWIN COUNTY BOARD OF EDUCATION
Prevention and Support Services

Appeal Form
(please print or type)

Student's Name: _____ DOB: _____

Base School: _____ Grade: _____

Parent/Guardian: _____

Home #: _____ Cell #: _____ Work #: _____

Person Initiating the Appeal:

Name: _____ Date: _____

Signature: _____

911 Address: _____

Reason for Appeal: _____

Student Background Information (current year):

- | | |
|--|--|
| <input type="checkbox"/> Unexcused Absences # of Days: _____ | <input type="checkbox"/> Excused Absences # of Days: _____ |
| <input type="checkbox"/> Unexcused Tardies # of Days: _____ | <input type="checkbox"/> Excused Tardies # of Days: _____ |
| <input type="checkbox"/> Physician Notes # of Days: _____ | <input type="checkbox"/> Parent Notes # of Days: _____ |
| <input type="checkbox"/> Unexcused Suspension # of Days: _____ | <input type="checkbox"/> Excused Suspension # of Days: _____ |

Outcome of Campus Level Appeal:

Parent Conference Prior to Campus Level Appeal? (This is NOT required) Yes No Date: _____

Letter Sent? Yes Date: _____

Has the student attended Academic Saturday School? Yes No Date(s): _____

Recommendation(s): _____

School Counselor's Signature: _____ Date: _____

Principal and/or Designee's Signature: _____ Date: _____