

**SOUTH DADE SENIOR HIGH SCHOOL  
SENIOR EVENTS APPEAL FORM  
SCHOOL YEAR 2023-2024**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

Fill in the boxes below and the number of corresponding days that apply:

**ABSENCE**

**TARDIES**

# \_\_\_\_\_ days      # \_\_\_\_\_ days

**INDOOR SUSPENSION**

**OUTDOOR SUSPENSION**

# \_\_\_\_\_ days

# \_\_\_\_\_ days

I am appealing for the following reason:

\_\_\_\_\_

\_\_\_\_\_

I have attached supporting documentation. **YES**  **NO**

By signing below, I acknowledge that I am aware of the 10/20 ruling and may now be placed on an attendance contract in order to be granted access to senior activities.

**STUDENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OFFICE USE ONLY**

**APPEAL GRANTED**

**APPEAL NOT GRANTED**

**ADMINISTRATOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADMINISTRATOR'S NAME** \_\_\_\_\_