

**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 _____