

## WEEKLY ELIGIBILITY APPEAL FORM

(TO BE COMPLETED BY **TEACHER**)

One form to be filled out COMPLETELY for each grade appeal

Today's Date: \_\_\_\_\_ Name of Activity Student Participates: \_\_\_\_\_

Name of Teacher Completing form: \_\_\_\_\_

Contact #: \_\_\_\_\_

Name of Ineligible Student: \_\_\_\_\_

Has the STUDENT talked with the teacher? Yes \_\_\_\_\_ No \_\_\_\_\_

Course title: \_\_\_\_\_

Grade in class (Include Percentage from IC): \_\_\_\_\_

Date grade was checked: \_\_\_\_\_

### Description of reason for appeal, check one:

- Work turned in prior to Wednesday grade check – not graded
- Work not turned in due to illness; work is still within the makeup window
- Test/Quiz not taken due to illness; still within the makeup window
- Teacher absent; work not graded
- Other – Please describe in one or two sentences below

**Please return this form to the Activities Office by 8:00am, Friday morning.** Once this form has been returned to our office, an approval or denial will be issued by the end of the school day on Friday. Please be aware that multiple, consistent appeals may result in denial of future appeal.

### Official Office Use Only

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Copy to teacher: \_\_\_\_\_ Copy to principal: \_\_\_\_\_ Coach Contacted: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_