



Kamiak High School  
10801 Harbour Pointe Blvd  
Mukilteo WA 98275

## Kamiak High School Credit Appeal

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Instructions for completing attendance appeal are as follows:*

1. Appeals will be accepted within 30 school days after the end of the semester being appealed.
2. Complete all sections of the form.
3. **Include documentation for all absences (medical notes, diagnosis information)**
4. Submit completed form to your assigned Assistant Principal.

*Decisions regarding credit appeals may not be made until semester grades are posted and attendance is reviewed; this may be approximately 2 weeks after the stated deadline—regardless of the date the appeal was submitted.*

*Please note:*

District policy states that:

- \* Students with unexcused absences or trancies are not eligible to appeal for credit. It is the responsibility of the student to obtain a copy of their attendance record and clarify any attendance discrepancies with their teacher(s) prior to appealing for credit.
- \* Student can only appeal one time each semester: you cannot add another class to your appeal.
- \* Students with 504/IEP attendance accommodations must excuse their absences in keeping with attendance policies.

1. I wish to have my credit returned in the following courses:

1st period Course Name: \_\_\_\_\_

2nd period Course Name: \_\_\_\_\_

3rd period Course Name: \_\_\_\_\_

4th period Course Name: \_\_\_\_\_

5th period Course Name: \_\_\_\_\_

6th period Course Name: \_\_\_\_\_

2. Explain why you exceeded the limit of 12 absences.

**Approved:** Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
**Denied:** Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Contract: *attached*

*White: Student/Parent Copy    Yellow: Registrar    Pink: Administration*