Pierce County Skills Center **Appeal Form**

Last Name _____ First Name _____

Mailing Address _____ City _____ Zip _____

High School _____ Grade _____ Program _____AM___PM___ Date _____

I understand that my pattern of attendance has resulted in a loss of credit for my Pierce County Skills Center class. I would like to appeal this loss of credit and am requesting that PCSC review my record.
This is my ____ 1st ____ 2nd (check one) appeal this year.

Absence Date	**Reason for Absence**	**Excused / Unexcused**

I will turn this form into the Director by the due date indicated on the 10-day absence letter.

Student Signature _____ Parent/Guardian Signature _____

For office use only:

Appeal Denied: _____	**Loss of all credit**
Appeal Granted: _____	**Credit to be determined at semester**
Appeal Granted: _____	**No loss of credit**
Contract: _____	**Copy attached**