

**Springfield Public Schools A+
Citizenship Out Of Compliance Appeal Form**

Student Name (Print) _____ **Year of Graduation** _____

It has been determined that your status as an A+ student is in jeopardy as a result of violating the citizenship policy. Additional information is needed in order to determine your future eligibility for the program and the incentive.

With this form, attach a typed narrative explaining why you feel you should still receive the A+ incentive. In your explanation, address each of the following points:

- **Describe the offense(s) for which you received ISS or OSS.**
- **Explain what you will and/or have done to avoid being in trouble (Be specific).**
- **Provide evidence of why you feel you should be allowed to remain in the A+ program.**
- **Provide a letter of recommendation from site administrator, counselor or teacher**

Return the appeal form with the written explanation attached to the A+ Program Coordinator's office. The deadline to turn the appeal form in is 10 days prior to the first Monday in December and the first Monday in April. Failure to return this appeal by the deadline will result in the loss of eligibility in the A+ Program.

An Appeal Team will review all pertinent information and make a decision about your status in the Program. The decision of the Appeal Team is final.

Once a final decision is made by the Appeal Team, a written notice of the decision will be mailed to the parent/guardian and student within 5 school days following the date of the appeal conference.

I affirm that the information and all attached documentation are true and honest statements. I understand that the A+ Scholarship Funding is provided by the state of Missouri and any misrepresentation or false information provided could result in a loss of scholarship funding.

Student Name (Last, First, Middle) - PRINT: _____

Student ID #: _____ Graduation Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____ **Date Reviewed:** _____ **Appeal Committee Decision:** **Approved** **Denied**

Days and Dates Appealed: _____ **Parent Notification Date:** _____