

Due to the Main office by:
Tuesday, August 6, 2019
by 2 pm



Office use only:
8/7- Hearing Time:

● ELIGIBILITY APPEAL ●

Student Name: _____

School: _____ Grade _____

Activity or Sport appealing for participation: _____

Do you wish to be present for your appeal? ☐ YES ☐ NO

Subject(s) in which student received a failing grade:

Please explain to the Eligibility Committee the circumstances beyond your control that caused you to receive a failing grade or grades.

Student Signature

Date

Parent/Guardian Signature

Date