

Appeal of Attendance Recording High School Students Only

Office of Curriculum and Instructional Programs 850 Hungerford Drive, Rockville, Maryland 20850 MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 560-26A September 2018

MCPS Regulation JEA-RA, Student Attendance

School Name				
Student Name	MCPS ID#		_ Gr	ade
PART I: UNEXCUSE	D ABSENCE DATES			
DATE(S)	REASON	NOTE(S)	ATT	ACHED
		□ YES	<u> </u>	NO
if they or their pare	inlawful absences in a class will automatically be notified to submit an appeal of the recents/guardians believe any absence was recorded incorrectly, or develop an attendance ministrators. See MCPS Form 560-26B, Attendance Intervention Plan.	ording of t intervention	heir n pla	absences n with
• • •	attendance intervention plan may be initiated by the student, parent/guardian, or counselor			
b. The counselor/ad information to the	ministrative team will consult with the teacher regarding requirements for make-up work and e student and the student's parent/guardian.	d will comm	unica	ate the
c. Attendance appea	l and intervention plan forms will be available at the counseling and administrative offices ar	าd on the M	CPS	website.
	will review and sign off on the intervention plan.			
e. If a student does r further unlawfully	not complete either an appeal of attendance recording or an attendance intervention plan ar absent, the student will be considered to be in danger of receiving a failing grade in that co	nd/or continurse.	ues t	o be
PART II: PARENT/0 (doctor/medical r	GUARDIAN/ELIGIBLE STUDENT: Please attach all related documentation whe notes, etc.)	n applical	ole.	
Parent/Guardian/Elig	ible Student Signature	Date _	/_	/
Contact Number(s)				
PART III: ATTENDA	NCE SECRETARY REVIEW			
☐ All notes, related o	locuments are attached.			
Attendance Secretary	/ Signature	Date	/_	/
PART IV: COUNSEL	OR REVIEW			
Please check one:				
☐ Appeal Approved				
☐ Appeal Denied				
☐ Attendance Interv	ention Plan, completed MCPS Form 560-26B, Attendance Intervention Plan, Required			
☐ Other circumstand	es apply			
Counselor Signature		_ Date	_/	_/
PART V: ADMINIST	RATOR APPROVAL			
Principal/Designee S	ignature	Date	_/	_/