

BELTON HIGH SCHOOL



Citizenship Appeal

Student Name: _____

Student Grade: _____ Date: _____

This request is to appeal the citizenship certification of my son or daughter for the following: Appeals must be made within 15 days of notification of removal from A+. Appeals made after the 15 days will not be granted.

Citizenship Incident: _____

Date of Incident: _____

In the space provided below, please indicate the basis of your appeal concerning the citizenship certification for the A+ Schools Program. Use additional paper if needed.

FOR OFFICE USE ONLY:	DATE RECEIVED: _____
REVIEW COMMITTEE DATE: _____	
REVIEW COMMITTEE:	
____ A+ ____ CO ____ ADMIN ____ TEACHER ____ COUNSELOR	
DECISION:	