



Parkway School District A+ Citizenship Appeal Form

PLEASE **PRINT** THE FOLLOWING INFORMATION

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ ZIP _____

Student Number _____ Home Phone Number _____

This request is to appeal an A+ Citizenship violation resulting in removal from the A+ Program. In the space below, please indicate the date(s) of disciplinary action and the reason for the request to be reviewed. Please attach all documents that support your appeal.

The A+ Coordinator must receive this request by May 1st of the student's senior year. If violation occurs during the last 2 weeks of a school year, this appeal must be made within 3 days of the Notice of Probation or Notice of Removal from the A+ Program. All appeals will be heard by the end of the semester

Date of incident(s):

Date of Probationary/Removal Letter:

Justification for appeal:

(Attach additional sheets if necessary)

I affirm that the information and all attached documentation are true and honest statements. Further, I understand that action may be brought against me by the school district under the Code of Conduct for providing false or misleading information, statements and/or records.

Student Signature

Parent Signature

Date

Please circle the high school you attend and return the form to the appropriate A+ Coordinator.

Parkway Central
Susan Byergo
369 N. Woods Mill Rd
Chesterfield, MO 63017

Parkway North
LuAnn Fallahi
12860 Fee Fee Road
St. Louis, MO 63146

Parkway South
Amy Belding
801 Hanna Road
Manchester, MO 63021

Parkway West
Jeff Duncan
14653 Clayton Rd
Ballwin, MO 63011

For Office Use Only

Date received _____	Appeal Accepted _____
Date Appeal Committee Met _____	Days/Hours Waived _____
Date Decision Letter Sent _____	Appeal Denied _____

