

JACK C. HAYS HIGH SCHOOL

Credit Reinstatement Hour Appeal Form

State Law requires that students must be in attendance for a minimum of 90% of the days that the class is offered in order to receive credit for that course. Students who miss more than 10% of the class meeting time could lose credit and be retained.

Credit Reinstatement Hours are required to make up for excessive absences and tardies. This program provides students with the opportunity to regain credit that would otherwise be lost due to not meeting the 90% rule. Occasionally, students experience extenuating circumstances that prevent the student from meeting the minimum attendance requirement, resulting in a large number of Credit Reinstatement Hours. In such cases, the Hays High School attendance committee will meet to determine if reinstatement hour adjustments or other acceptable recovery methods are warranted.

Students wishing to have the attendance committee review their case should complete the information below and provide a written statement detailing why the attendance committee should reinstate credit. Students are encouraged to provide sufficient evidence to support their case.

Submit form and supporting materials to the Attendance Office

Student Name: _____ Student ID: _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Credit Reinstatement Hours Owed: _____ Projected Graduation Date: _____

ATTACH STATEMENT OF APPEAL TO THIS FORM

By signing below, I attest that the information provided in the Statement of Appeal and the supporting documents are true and accurate to the best of my knowledge. I understand that this information will be reviewed by the Hays High School attendance committee. An appeal hearing will be scheduled and I will be provided time to present any additional information. The committee will provide a written decision and conditions statement within three (3) school days of the appeal hearing.

Student Signature

Parent Signature

FOR OFFICE USE ONLY

Date of Hearing: _____ Time of Hearing: _____ Student Attended: Y N

Parent Attended: Y N DECISION: DENIED APPROVED
Adjusted Hours Owed: _____
Conditions: _____

Committee Chair Signature