

East High School	_____
North High School	_____
South High School	_____
West High School	_____

**Fort Zumwalt School District**  
**A+ Schools Program**  
**A+ APPEAL OF CITIZENSHIP FORM**

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Date of Appeal \_\_\_\_\_

Student Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
(number) (street) (city) (zip)

Telephone Number \_\_\_\_\_

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This request is to appeal the notification of citizenship disqualification received during:

**Semester:** (*check one*) \_\_\_\_\_ First \_\_\_\_\_ Second      **School Year:** \_\_\_\_\_

In the space below, please indicate the basis of your appeal concerning your denial of citizenship certification for the A+ Schools Program.

*(Attach additional sheets if necessary)*

**A+ Office Use Only:**

Date Appeal Received \_\_\_\_\_  
Date Appeal Committee Met \_\_\_\_\_  
Date Decision Letter Sent \_\_\_\_\_

Appeal Accepted \_\_\_\_\_  
Appeal Denied \_\_\_\_\_