Heritage Classical Christian Academy
A+ Schools Program Appeal Decision Form

Last Name: _____ First Name: _____ MI:_____

Parent or Guardian Name:_____

Address: _____ City:_____ Zip:_____

Email Address: _____ Phone:_____

Appeal Date:_____

Reason for Appeal:_____ (copy of documentation attached)

Appeal Decision: Approved Denied

Date Appeal Notification Sent: _____

_____ _____
Administrator Signature Date

_____ _____
School Board Member Signature Date

_____ _____
High School Teacher Signature Date

_____ _____
A+ Coordinator (non-voting member) Date