

**Milton High School  
Application for Recovery**

Name \_\_\_\_\_ Date \_\_\_\_\_

Class \_\_\_\_\_ Teacher \_\_\_\_\_ Period \_\_\_\_\_

Recovery Requested for \_\_\_\_\_  
(name of assessment failed)

Reason you believe your application should be accepted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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(for teacher use)

\_\_\_ Recovery application denied:

\_\_\_ missing assignments prior to the assessment

\_\_\_ irregular attendance (no more than three unexcused absences per six weeks)

\_\_\_ unexcused absences

\_\_\_ unexcused tardies

\_\_\_ other \_\_\_\_\_

\_\_\_ Recovery application granted:

\_\_\_ all assignments were completed prior to the assessment

\_\_\_ other \_\_\_\_\_

Date and time for recovery assessment:

Date: \_\_\_\_\_

Monday      Tuesday      Wednesday      Thursday      Friday

Time: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_