

# ACS Dress Code Item Review Form

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

**\*\*Please attach the actual item for review\*\***

Description of Item to be reviewed (1 item per form please): \_\_\_\_\_

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Supporting Documentation for the Review Process (why the item should be added/allowed):

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***Please note the ACS Dress Code Review Committee meets twice per school year in October and March. Any items approved by the Governing Board will be implemented in the following school year, unless otherwise noted. All forms/items must be received by the first Wednesday of the month in which they are to be reviewed.***

## **GOVERNING BOARD/COMMITTEE USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Recommendation: \_\_\_\_\_

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

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

Reasons for Denial: \_\_\_\_\_

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Date Parent/Guardian Notified: \_\_\_\_\_