

REQUEST FOR APPEAL
Grades 2-8
Program for High Ability Exceptional Learners

Student Name: _____ Date: _____

Address: _____ Phone: _____

School: _____ Present Grade: _____

1. APPEAL REQUEST FOR:

English/Language Arts _____ Mathematics _____ Science _____

2. SUPPORTING DATA: Please attach supporting documentation for consideration. Refer to the **Appeals Process**, located on pages 5-8 of the High Ability Handbook for appropriate supporting documentation. Applications submitted without supporting documentation will be considered incomplete and will not be acted upon.

3. REASON FOR APPEAL:

Name of Person(s) Completing This Form: _____

Relationship to Student: _____

Parent E-mail Address: _____

SUBMIT THIS FORM AND SUPPORTING DATA TO:

Assistant Superintendent
Curriculum and Instruction
8616 Columbia Avenue
Munster, Indiana 46321