



## Appeal Form for Advanced Academics

<b>Parent/Guardian Name</b>	<b>Phone Number</b>	<b>Date</b>
<b>Home Address</b>		
<b>Student Name</b>	<b>Current School</b>	<b>Grade Level</b>
I would like to appeal the decision of the Advanced Academics Multidisciplinary Committee. I would like the committee to reconsider the decision, and I am attaching additional information for the committee to review.		
I understand that the request for an appeal must be provided within two weeks of the parent/guardian's receipt of the decision.		
Print Name		
Signature		Date

### Reason for Appeal

Please briefly describe the reason(s) for the appeal.

### Possible Attachments:

- Supporting details for evidence of outstanding abilities of the student in the areas of English Language Arts and Mathematics
- Additional data or samples of work
- Letter of recommendation

### Please return this form to:

Ellen Cavanaugh, Asst Director of Student Support  
Yelm Community School District Office  
107 First St. North; Yelm, WA 98597

---

### FOR INTERNAL USE ONLY: Multidisciplinary Team Decision

- Maintain non-qualification status
- Change of status to qualified