



Appeal Form for Advanced Academics

Parent/Guardian Name	Phone Number	Date
Home Address		
Student Name	Current School	Grade Level
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

Multidisciplinary Team Decision

- Maintain non-qualification
- Change of status to qualified

Please drop this form off at:

Attn: Gudrun Sullivan, Assistant Director of Student Support
Yelm Community School District Office
107 First St. North, Yelm, WA, 98597