

**\*\*\* THIS COMPLETED FORM MUST BE RECEIVED NO LATER THAN June 1, 2025 \*\*\***

**AVON COMMUNITY SCHOOL CORPORATION  
HIGH ABILITY PROGRAM**

**GRADES 6-8 PLACEMENT APPEAL FORM**

Student Name \_\_\_\_\_

Grade Level for 20\_\_\_\_\_-20\_\_\_\_ School Year \_\_\_\_\_

Current School \_\_\_\_\_ Next Year's School \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone # \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Review application for placement in:

\_\_\_\_\_ 6<sup>th</sup> Grade High Ability Program

Language Arts Honors 6

Pre-Algebra 6

\_\_\_\_\_ 8<sup>th</sup> Grade High Ability Program

Eng/Language Arts Honors 8

Geometry Honors

\_\_\_\_\_ 7<sup>th</sup> Grade High Ability Program

Language Arts Honors 7

Algebra I Honors

The following items are possible reasons for requesting an additional review of this student's application file for the High Ability Program. Read these carefully and indicate which reasons you believe apply in this situation. Explain why the choice(s) selected are applicable. Include a copy of any additional information.

1. Special circumstances have existed which cause this student to (a) test poorly, (b) receive an inappropriate score, (c) rate a low recommendation, (d) have low grades.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. We have additional test information.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. This student has recently received special recognition.

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Other comments:

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal

Signature \_\_\_\_\_ Date \_\_\_\_\_  
High Ability Coordinator

Dan Chapin, Principal  
Avon Middle School West  
1204 S. County Road 450 E.  
Avon, IN 46123  
(317) 544-6000  
Fax: 317-544-6001

Mike McKinney, Principal  
Avon Middle School North  
1251 N. Dan Jones Road  
Avon, IN 46123  
(317) 544-5500  
Fax: 317-544-5501

Dan Peo, Principal  
Avon Middle School South  
7199 East U.S. Hwy 36  
Avon, IN 46123  
(317) 544-5700  
Fax: 317-544-5701

Please complete the Placement Appeal Form and mail or fax to the address of your student's school above.

**This form must be returned by June 1, 2025 to be considered for the 2025-26 school year.**

The committee will review all appeals. You will be notified of the decision by mail.