

OLDHAM COUNTY SCHOOLS
GIFTED AND TALENTED EDUCATIONAL SERVICES (GATES)



GATES Appeals Form: Services

Student Name: _____ Grade: _____

School: _____ Area of Identification: _____

Conference with Building Level GATES Coordinator was held on _____
Date

Explain your concern, giving specific details.

What results are you seeking from this appeal?

Parent/Guardian Signature

Relationship to Student

Date

For Office Use Only:

____ Parent/guardian submitted appeal on _____ to _____
Date Receiving Party

____ Appeal forwarded to GATES Coordinator or Principal by _____ on _____
School Staff Date

____ Verification of parent/guardian conference with GATES Coordinator prior to appeal being filed and
appeal procedures proceeding as outlined in GATES Coordinator Handbook.