OLDHAM COUNTY SCHOOLS
GIFTED AND TALENTED EDUCATIONAL SERVICES (GATES)

Parent Appeal to Building Identification Decision

Date: Child: Grade: School:

ID area for which student was referred for gifted identification:

Date of parent conference with school GATES coordinator:

Explain your concern, giving specific details.

What new information that was not reviewed by the committee are you presenting in this appeal?

_____
Parent Signature Date

For Office Use Only:

_____Parent/guardian submitted appeal on _____ to _____.
Date Receiving party

_____ Appeal forwarded to GATES Coordinator or Principal by _____ on _____.
Person Date

_____Verification of parent/guardian conference with GATES Coordinator prior to appeal being filed and appeal procedures proceeding as outlined in District GATES Procedures.