



Gifted and Talented Program Selection Appeal Form

To appeal the GT program selection status of your child, please fill out this form completely and submit it by hand delivery, email, fax, or U.S. mail to the appropriate campus principal within 15 school days of receipt of the letter notifying you of the GT selection committee's decision.

Student Name: _____

Campus: _____

Please describe why you are appealing the decision of the GT selection committee:

Please describe the outcome or remedy you are seeking as a result of filing this complaint:

Parent/Guardian or Student Signature _____

Parent/Guardian Name (Please PRINT): _____

Date: _____

Phone number: _____