

THIS COMPLETED FORM MUST BE RECEIVED NO LATER THAN JUNE 28, 2024

AVON COMMUNITY SCHOOL CORPORATION
HIGH ABILITY PROGRAM

GRADES 3-6 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:

_____ 3rd Grade High Ability Program

- Math
Teacher: _____
- Eng/Language Arts
Teacher: _____

_____ 4th Grade High Ability Program

- Math
Teacher: _____
- Eng/Language Arts
Teacher: _____

_____ 5th Grade High Ability Program

- Math
Teacher: _____
- Eng/Language Arts
Teacher: _____

_____ 6th Grade High Ability Program

- Math
Teacher: _____
- Eng/Language Arts
Teacher: _____

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: _____

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3. This student has recently received special recognition.

Comments: _____

4. Other comments:

Signature _____ Date _____
Parent

Signature _____ Date _____
High Ability Coordinator

High Ability Coordinator
Avon Community School Corporation
7203 East U.S. Highway 36
Avon, IN 46123
(317) 544-6000
Fax: 317-544-6001

Please complete the Placement Appeal Form and mail or fax to the address above.
This form must be returned by June 28, 2024 to be considered for the 2024-2025 school year.
The committee will review all appeals. You will be notified of the decision by mail.