

***** THIS COMPLETED FORM MUST BE RECEIVED NO LATER THAN APRIL 26, 2024 *****

**AVON COMMUNITY SCHOOL CORPORATION
HIGH ABILITY PROGRAM**

GRADES 7-8 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:

_____ 7th Grade High Ability Program

Eng/Language Arts

Math – Pre-Algebra

Math - Algebra

_____ 8th Grade High Ability Program

Eng/Language Arts

Math

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 _____
Principal

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

Dan Chapin, 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 April 26, 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.

Signature _____ Date _____
High Ability Coordinator