



**BAYONNE BOARD OF EDUCATION**  
**ADMINISTRATION BUILDING**  
669 Avenue A  
Bayonne, New Jersey 07002

**Gifted & Talented Program**  
**Parental Appeal Form**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I respectfully request that \_\_\_\_\_ be reconsidered for admission into the Gifted & Talented Program in the subject area(s) of \_\_\_\_\_. I have included additional information highlighting my child's potential, achievements, and aptitude for the Committee's review. Please see the attached documentation for your consideration.

\_\_\_\_\_  
*Requester Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Requester Signature*

\_\_\_\_\_  
*Date*

*This appeal must be made within ten days of original notification and cite specific and relevant information and / or documentation.. Please forward this letter to your child's principal.*