



Wall Township Public Schools
Office of Curriculum & Instruction
G&T Appeal Form K-5



A student, parent, and/or guardian who wishes to appeal the school's decision regarding selection for or removal from the Gifted and Talented Program must complete this form and submit it to the building principal.

☐ Student Name _____

☐ Parent/Guardian Name _____

☐ Parent/Guardian Email _____

☐ Parent/Guardian Phone Number _____

☐ School _____

☐ Grade Level:

☐ Kindergarten

☐ 1st Grade

☐ 2nd Grade

☐ 3rd Grade

☐ 4th Grade

☐ 5th Grade

☐ Please explain your reason(s) for disagreeing with the school's decision regarding placement in the gifted and talented program.

☐ Please share any additional information you would like us to consider in support of your request.

☐ Date Submitted _____

☐ Parent/Guardian Signature _____