APPEALS FORM
Gifted Education

Student Name ________________________________________ ______
Last First

School _______________________________________________ Grade _________

Student Identification Number ________________________________

SEARCH/SPECTRUM Teacher ________________________________

The reason for appealing the ineligible status: ________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian Signature ___________________________ Date __________

Contact Information:

Parent(s)/Guardian(s) Name (please print) __________________________ Phone Number __________

Email Address: ____________________________________________

Mailing Address:

________________________________________________________________________

________________________________________________________________________

Please send the completed form to: Loudoun County Public Schools
Gifted Education
21000 Education Court
Ashburn, VA 20148