APPEALS FORM
Gifted Education

Student Name _______________________________ _______________________________

          Last                      First

School _______________________________ Grade ______________

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 __________

Mailing Address:

________________________________________________________________________

________________________________________________________________________

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

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