

**Shelton School District**  
**K-12 Advanced Academic Program**  
**Request for Review/Appeal**

This form may be used to appeal the decision of the *district's* Advanced Academic Program multi-disciplinary team, or a *building* Advanced Academic Program multi-disciplinary team, when considering the qualifications of students for advanced academic services. **Please submit this appeal within ten days of receipt of notification by the district or building team.**

Today's Date: \_\_\_\_\_

Student's Legal Name:	Last	First	Middle
Address:	Street	City	State      Zip
School:	_____		
Parent's Name:	Last	First	Middle

Person requesting this appeal (signature): _____
Person requesting this appeal (print): _____
Relationship to the child: _____
Address: _____
Street                                  City                                  State                                  Zip
Telephone: _____

Please include a detailed written explanation as to why the appeal is being filed, including specific new information that might impact the decision by the committee.

**Return this form and supporting documents to:**

Office of Teaching and Learning  
Shelton School District  
700 S. First Street  
Shelton, Washington 98584

The appeal request will be reviewed within 15 school days of receipt. The committee decision will be sent in writing to the person filing the appeal.