**Baltimore County Public Schools**

# **Office of Advanced Academics**

105 W. Chesapeake Avenue, Towson, MD 21204

(443) 809-4330

This is an appeal of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Review and Referral Team’s recommendation for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Grade \_\_\_\_\_\_.

I would like my child to be reconsidered for Advanced Academic instruction in Grade \_\_\_\_ for the following subject(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I believe my child requires a more challenging learning experience for the following reasons:

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(Please attach additional information, if necessary)

I understand that the Coordinator of Advanced Academics will review school records concerning my child and may request that additional information be collected. The Coordinator will provide a written analysis to the Senior Executive Director, Department of Curriculum Operations, who will render a decision within 30 business days.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian

**Contact Information:** *Please Print*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Phone: \_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mail this form to the Coordinator of Advanced Academics at the above address.*

Appeal requests must be received within 15 school days of the Review and Referral Team’s decision. They must also be received by May 15 to be processed for August placement.