

Perry Local Schools

Appeal Form for Accelerated Placement

Student's Name: _____ School: _____ Grade: _____

Student ID # _____ Parent/Guardian Name(s): _____

Address: _____ Date: _____

Area in which acceleration is being sought:

Single Subject Acceleration
Check appropriate subject: Math Reading Science
 Writing Social Studies

Whole Grade Acceleration From: _____ To: _____

Early High School Graduation

Other: *Please Specify* _____

Please explain reason for seeking the appeal for the determination of acceleration placement:

Name of person making appeal: _____ Phone Number: _____

Relationship to Student: _____

Signature of person initiating the appeal: _____

**Return this form to the Superintendent of Perry Local Schools at
4325 Manchester Avenue, Perry, OH 44081.**

Name of Person Receiving Referral: _____ Date: _____

*Distribute original of this document to the Office of Student Services and notify buiding principal.
Place a copy in student's file.*