

**Center Cass District 66
Gifted Services
Appeal Form**

Date: _____

Student's Name: _____ Grade in Fall: _____

Parent/Guardians: _____

Phone Numbers: _____

Name of Appealing Party: _____

Relationship to Student: _____

Please describe below the reasons for the appeal.

Please explain any additional data you would like the appeals committee to consider.

Please continue on the back, if needed, and attach supporting documentation.

Signature of Appealing Party: _____

Mail this form and any documentation to:

Dr. Kristen Ninni, Director of Curriculum
699 Plainfield Road
Downers Grove, IL 60516

Postmarked on or before Monday, May 20.