



Appeal Form

Highly Capable Program

Child's Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Reason for Appeal:

- There was an error in the original information submitted with the referral.
(Documentation that can be verified must be included with the appeal form.)
- There is new information that was not available at the time of the initial referral.
- There is a circumstance or condition that was not shared that affected the initial testing results.

In the space below, please provide details of the circumstances leading to this request. You can also attach documentation relevant to the appeal. If no details or documentation are provided, this appeal will not be processed. There is no need to resubmit items that were submitted as part of the original application.

Please submit this form with a parent/guardian signature to: Highly Capable Program,
Bellingham Public Schools, 1306 Dupont St. Bellingham WA, 98225.
Appeals must be submitted within 15 days of the date of the original decision letter.

Parent/Guardian Signature

Date