



Date: _____ Student Name: _____
Current Grade: _____ Parent/Guardian Name: _____
Contact Number: _____

Name of Appealing Party: _____

Email: _____

Please describe below the reason(s) for the appeal:

Please provide any additional data that you would like the Appeals Committee to consider:

Please continue on the back or add additional sheets.

Signature of Appealing Party: _____

Mail to:
Leslie Loboda
Gifted Coordinator
7200 Janes Ave.
Woodridge, IL 60517

lobodal@woodridge68.org

Date Rec'd: _____
Student ID: _____