

## Ellensburg School District Virtual Academy (VA) Appeal/Review Request

Date:	<del></del>			
Student Name:				
	Last		First	MI
Address:				
	Street		City	Zip
Parent's Name:				
School:		Grade:	Teacher:	
	Last		First	MI
Person requesting t	his appeal (signature	):		
Person requesting t	his appeal (print):			
Relationship to the	child:			
Address:				
	Street		City	Zip
Telephone:		Email: _		

Please include a detailed written explanation as to why the appeal is being filed including specific pertinent new information that might impact the decision by the committee.

**Return to:** Mr. Kelly Kronbauer

**Executive Director of Student Services** 

1300 E 3rd Ave.

Ellensburg, WA 98926

The appeals request will be reviewed and a decision will be sent in writing within ten days of its receipt.