

**Ellensburg School District
Highly Capable Program Appeal/Review Request Form**

Date: _____

Student's Name: _____			
Last	First	MI	
Address: _____			
Street	City	Zip	
School: _____ Grade: _____ Teacher: _____			
Parent's Name: _____			
Last	First	MI	

Person requesting this appeal (signature): _____		
Person requesting this appeal (print): _____		
Relationship to the child: _____		
Address: _____		
Street	City	Zip
Telephone: _____		E-mail: _____

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: Highly Capable Program
Ellensburg School District
1300 E. 3rd Ave.
Ellensburg, WA 98926

The appeals request will be reviewed by the Highly Capable Program Committee. The committee decision will be sent in writing within ten days of its receipt.