



## Davis Enhanced Education Programs (DEEP)

# APPEAL FORM

Please e-mail this completed form and attach any additional documentation you would like considered by the DEEP Appeals Committee to [cipeterson@dsdmail.net](mailto:cipeterson@dsdmail.net) by March 1st. Appeals received after that date will not be considered.

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Teacher: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
*Street City Zip Code*

Has this student tested for PAL or Spectrum before this year? ☐ NO ☐ YES

The purpose of this form is to appeal the decision regarding my student's eligibility for participation in the PAL or Spectrum Program. My appeal is based on the following extenuating circumstances and/or information not considered when the original placement decision was made:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_