

Grayslake Central High School Appeal Form

Name of Student: _____ Grade/Year: _____ / _____

Date of Appeal: _____ Department: _____ Counselor: _____

Course and Level Recommended: _____

Reasons for Recommendation _____

Course and Level Requested by Student / Parent: _____

Reasons for Request: _____

Parent / Guardian Information: Name _____

Daytime Phone: _____

Parent Contacted on: _____ (date) by _____ (person) by _____ (method)

Parent / Guardian's Signature Date

Student's Signature Date

Teacher's Signature Date Agree Disagree

Department Chair's Signature Date Agree Disagree

Assistant Principal's Signature Date Agree Disagree

Counselor's Signature Date

(Appeal will be kept in Guidance Department file.)

Counselor – Attach test scores and teacher recommendation before giving to Department Chair.

Date Completed _____