



Groveport Madison Schools  
Gifted Education  
4400 Marketing Place, Suite B  
Groveport, OH 43125  
(phone) 614-492-2520

## Groveport Madison Local Schools Acceleration Appeal Request

All appeals are presented to the Superintendent or his/her Designee  
After considering the appeal, his/her decision is final.

### Student Info

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Acceleration Requested: (Please circle one)

Early Entrance  
Single Subject  
Whole Grade  
Early Graduation

Acceleration Committee Recommendation: (Please describe the final recommendation discussed in the team meeting and provide information you feel

### Individual Filing Appeal

Person Requesting Appeal and Relationship to Student

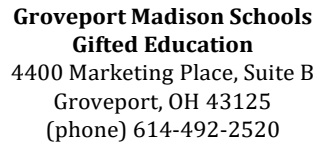
Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Nature of Appeal

1. Please explain your request for having this decision re-examined. (Use back of paper if needed)

Please return completed form to Jana Alig at the District Service Center



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