

*Request for
Advanced Academic Instruction Appeal*

**Baltimore County Public Schools
Office of Advanced Academics**

105 W. Chesapeake Avenue, Towson, MD 21204
(443) 809-4330

This is an appeal of the _____ School Review and Referral
Team's recommendation for my child, _____, Grade _____.

I would like my child to be reconsidered for Advanced Academic instruction in Grade ____ for
the following subject(s): _____

I believe my child requires a more challenging learning experience for the following reasons:

(Please attach additional information, if necessary)

I understand that the Coordinator of Advanced Academics will review school records concerning
my child and may request that additional information be collected. The Coordinator will provide
a written analysis to the Senior Executive Director, Department of Curriculum Operations, who
will render a decision within 30 business days.

Signed: _____ Date: _____
Parent or Guardian

Contact Information: *Please Print*

Name: _____ Primary Phone: _____ Work Phone: _____

Street: _____ City/State/Zip: _____

Mail this form to the Coordinator of Advanced Academics at the above address.
Appeal requests must be received within 15 school days of the Review and Referral
Team's decision. They must also be received by May 15 to be processed for August placement.