

**Seeger Junior High School
Request for Appeal
High Ability Placement**

Date _____

Appeal is requested by:

Name _____

Relationship to student _____

Appeal is requested on behalf of:

Student _____

Parent/Guardian _____

Address _____ Phone _____

Classroom Teacher _____

School _____

Appeal is requested for placement decision in:

Content Area _____ Grade level _____

Reasons presented for placement reconsideration:

Please attach samples of student work, tests, and/or other documentation you would like for us to consider. *To cover the cost of the IQ test, please included a check payable to Seeger High School for \$25.00.*

Return by Friday, June 12, 2012 to:

**Mindy Hunter
c/o Seeger Memorial High School
1222 South St. Rd. 263
West Lebanon, IN 47991**