



Denton Independent School District
Gifted and Talented Program
1212 Bolivar
Denton, TX 76201
940-369-0678

Appeal Form (please print)

Student's Name: _____	School: _____	Grade: _____
Parent/Guardian Name: _____	Phone: _____	Date: _____

Conference with EXPO specialist and campus administrator: Date: _____

_____ *EXPO Specialist Signature* _____ *Campus Administrator Signature*

I wish to appeal the EXPO placement decision of the District GT Selection Committee for the following reason(s):

_____ *Parent/Guardian Signature* _____ *Relationship to student* _____ *Date*

For District Selection Committee use only

Date of District GT Selection Committee Appeals Meeting: _____

Action of committee: _____

_____ *District Committee Signature* _____ *District Committee Signature*