

Student Appeal for Reassignment

Student Name: _____

Parent/Guardian: _____

Date Student was Dismissed from Liberty County Schools: _____

School: _____

Reason for Dismissal: Check all that apply

_____ School Attendance

_____ Passing Grades

_____ Social Behavior

_____ Classroom, School and District Rules and Policies

Why should this Appeal for Reinstatement be considered? Parent Response

What personal goals will you set to ensure that you successfully meet the requirements of the Student Reassignment Contract? Student Response

Additional Documents to be Reviewed

School Use Only

_____ Attendance for the previous year

_____ Grades for the Previous year

_____ Discipline for the previous year

_____ Questionnaire from (2) core content areas, preferably (ELA, Math, US History, Biology)

Submission Dates:

- Beginning of the Year start date, the last week in March and extending through May 1 during the annual Open Enrollment Period
- Mid-Year, no later than three weeks prior to the end of the first semester ending in December annually

I understand that I must be present at the Appeals hearing for my child to be considered for reinstatement.

Parent

Student