



IMPORTANT INFORMATION ABOUT THE APPEAL PROCESS

CHOICE PROGRAMS APPLICATION FOR APPEAL

Important information about the appeal process:

1. An Application for Appeal should be submitted to the Office of College and Career Readiness (OCCR), Attention: Jessica Horton or Amy Perry, sent to jessica.horton@sccpss.com or amy.perry@sccpss.com. Applications of Appeal and must include a written explanation and reason of the appeal. Any pertinent information supporting the appeal should also be attached to the form.
2. After a written request for an appeal is received from the parent/guardian, an Appeals Review Committee will examine the appeal to determine its merit. An Appeals Committee is established annually under the direction of the Executive Director of the Office of College and Career Readiness and will consist of a diverse group of professional educators and administrators with knowledge of our programs and district policies.
3. At the completion of the appeals committee review of the request, one of the following actions will occur within five business days:
 - An email will be sent to the parent or guardian denying the appeal and your child will be expected to attend his/her zoned school.
 - An email will be sent to the parent or guardian approving the appeal and the child will be placed in the lottery.



SAVANNAH-CHATHAM COUNTY PUBLIC SCHOOL SYSTEM

Choice Programs

APPLICATION FOR APPEAL

School Year: 22/23

Read the preceding page, Important Information about the Appeal Process carefully before completing the appeal application. Submit the completed form and email it to Jessica.horton@sccpss.com or amy.perry@sccpss.com.

Student Name		Age	Birthdate	Entering Grade:
Name of Parent or Guardian		Home Phone	Day Phone	
Address of Parent or Guardian (street, apt. #, street, state, zip code)				
Email Address of Parent or Guardian				

What is the student's currently assigned school for 2022-2023? _____

Choice Program Selections: _____

What is the reason the student is requesting an appeal? (Choose all that apply)

- Technical problem during **audition** process
- Inequality during **audition** process
- Technical problem during **eligibility** process
- Inequity during **eligibility** process

Explain the reason the student is requesting an appeal?

I have read and understand this form and agree to the following:

- My signature below verifies that all the above information on this application is correct.
- The form and the important information included with this form have been either read to me or by me and both are understood.
- I understand appeals are only heard for the reasons stated above.
- The results of the appeal will be emailed to the above address.
- This form is not valid unless signed by the parent or guardian.

Parent Signature: _____ Date: _____

DO NOT WRITE BELOW - SCCPSS PERSONNEL ONLY	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> VOID	
Signature of Director or Designee:	Date: