

KIRTLAND LOCAL SCHOOLS - CREDIT FLEXIBILITY OPTION

APPEALS FORM

Name: _____

Grade: _____

Appealing: (Choose One)

- Rejection of the application for Credit Flexibility
- Teacher’s decision regarding withdrawal from the course
- District requirement for earning credit by “test out” option or other demonstration of mastery
- Determining grades for a credit flexibility option

Please describe the issue(s) you are appealing. Attach any related documents to this form.

Please describe any efforts you have already made to resolve this issue or attach information to this form.

What ideas or suggestions do you have for resolving this issue?

Submit completed appeals forms and related documents to *Principal*.

Completed appeals forms will be reviewed within ten (10) school days of receipt by a committee of district faculty and staff convened by the high school principal. The student and his/her parent(s) will be provided an opportunity to discuss issues identified in the completed appeals form before a final decision is rendered.

Distribution

- _____ Student/Parent
- _____ Counselor
- _____ Teacher of Record
- _____ Credit Flex Team