

PENSACOLA BEACH ELEMENTARY SCHOOL

APPLICATION FOR APPEAL AGAINST DENIAL OF ADMISSION

Parent(s)/Guardian Name _____

Student's **Name**, **Age**, and **Grade Level** for which appeal is being made:

Appeal Request: *(Please include as much detail as possible to assist the Policy Review Committee in reviewing the appeal)*

Would you like to appear before the Appeals Committee? Yes ___ No ___

Parent/Guardian Signature

Date

To Be Completed by the Appeals Committee

Date of Meeting _____

Members Present _____

Action Taken: Approved _____ Denied _____

Signature

Vote

Kim Homewood, Chair

Reed Dunne

Todd McCurdy

Shelby Smith

Gordon Sprague
