

**LIBERTY HILL ISD**  
**STRIVE Program Appeal Form**

In order to be reviewed, this form must be completed and returned to the campus GT teacher within five (5) working days of the postmark date on the denial of placement letter and contain information supporting that one or more of the appeal conditions exist.

Conditions for appeals:

- ◆ Parents have substantial evidence to introduce that, when added to the existing information, creates a compelling ‘preponderance of evidence’ regarding the student’s need for program services.
- ◆ Parents have substantial evidence to introduce that an inconsistent or improper application of the identification process has occurred

1. Parent Name: \_\_\_\_\_

2. Student Name: \_\_\_\_\_

3. Student Grade: \_\_\_\_\_ Student DOB: \_\_\_\_\_

4. Campus Student Attends \_\_\_\_\_

5. Student’s Home Address: \_\_\_\_\_

\_\_\_\_\_

6. Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_

7. Email Address: \_\_\_\_\_

8. Which condition (s) for appeal(s) listed at the top of this document exists?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please provide supporting information for the existence of the condition(s) that you have listed in #8

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10. Please list the date on the denial of placement letter you received. \_\_\_\_/\_\_\_\_/\_\_\_\_

11. Please describe the outcome or remedy you seek for this complaint.

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Parent Signature: \_\_\_\_\_

Date of filing: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complainant please note: A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint. Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records.