



## **IMPORTANT INFORMATION ABOUT THE APPEAL PROCESS**

### **CHOICE PROGRAM ELIGIBILITY APPLICATION FOR APPEAL**

**READ FIRST BEFORE COMPLETING THE APPEAL FORM ON PAGE 2.**

#### **Appeals are only accepted for the following reasons:**

1. Technical problems during the audition process for Esther F. Garrison – Grades 6-8 or Savannah Arts Academy (any relevant malfunction, such as defective equipment or a power failure in the building).
2. Technical problems during the eligibility process (such as a mathematical error).
3. Inequity: Failure to provide appropriate accommodations according to the child's documented disability or limited English proficiency during the student's audition or eligibility processes.

#### **Important information about the appeals process:**

1. An “Application for Appeal” must be submitted to the Office of College and Career Readiness (OCCR), Woodville Tompkins Lower Campus, 402 Market Street, Savannah, GA 31408, and must include a written explanation of the alleged technical problem or inequity no later than 5 days after the problem occurs. 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, the Appeals Review Committee will investigate the alleged inequity or technical problem to determine its merit. (A Choice program Appeals Committee will be established annually under the direction of the Senior Director of the Office of College and Career Readiness and will consist of a diverse group of professional educators and administrators with knowledge of Choice Programs and district policies.)
3. At the completion of the appeals committee review of the request, one of the following actions will occur:
  - A letter will be sent to the parent or guardian denying the appeal.
  - A letter will be sent to the parent or guardian approving the appeal and notification will be sent to the school(s) for a second eligibility review.



**SAVANNAH-CHATHAM COUNTY PUBLIC SCHOOL SYSTEM**  
**CHOICE PROGRAM ELIGIBILITY**  
**APPLICATION FOR APPEAL**

Student Number (Required)
School Year

Read the preceding page, "Important Information about the Appeal Process" carefully before completing the appeal application. Submit the completed and signed form to the Office of College and Career Readiness (OCCR), 402 Market Street, Savannah, Georgia 31408 or email to [amy.perry@sccpss.com](mailto:amy.perry@sccpss.com) or [angie.lewis@sccpss.com](mailto:angie.lewis@sccpss.com).

Student Name		Age	Date of Birth	Entering Grade:
Specialized Instruction (504/IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Specialized Instructional Program (if applicable)		
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				

\*A copy of the student's Individual Education Plan (IEP), 504 or other relevant documents must be attached to this application.

Choice Program Application School (name): \_\_\_\_\_

What attendance zone school is the student assigned? \_\_\_\_\_

**Briefly explain technical or eligibility problem:**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Technical problem during <b>audition</b> process | <input type="checkbox"/> Technical problem during <b>eligibility</b> process |
| <input type="checkbox"/> Inequality during <b>audition</b> process        | <input type="checkbox"/> Inequity during <b>eligibility</b> process          |

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

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

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

**DO NOT WRITE BELOW**  
**SCCPSS PERSONNEL ONLY**

\_\_\_ APPROVED \_\_\_ NOT APPROVED \_\_\_ VOID

\_\_\_\_\_  
Signature of Director or Designee                      Date