

# ***Cavallini Middle School***

395 West Saddle River Road • Upper Saddle River, NJ • 07458

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Mr. James McCusker, Principal

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## **Enrichment Program Identification Parental Appeal Form**

**Child's Name** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Current ELA teacher** \_\_\_\_\_

**Last year's teacher** \_\_\_\_\_

**Current Math teacher** \_\_\_\_\_

Please comment below as to why you are requesting that your child should be reconsidered for admission into the Cavallini Middle School Enrichment Program. The complete appeal process can be found on the 2<sup>nd</sup> page of this form.

Note: We will only consider information that allows your child to be compared to his/her chronological peers in this school district.

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**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*Please return this form by October 15.*

## Appeals Process

1. Parent requests the *Enrichment Program Identification Appeal Form* from the school's Enrichment Specialist.
2. Upon return and receipt of the completed appeals form, the Enrichment Specialist contacts the parent and schedules an appointment within 30 days.
3. The Enrichment Specialist, Guidance Counselor, classroom teacher, and other personnel if necessary, meet with the parent(s) to discuss the criteria and parent's concerns.
4. If agreement is not met, the parent contacts the Building Principal in writing (specifically stating reasons for disagreement) to schedule a meeting.
5. The Building Principal meets with parents and, if necessary, appropriate personnel as soon as possible but within 30 days.
6. If agreement is not reached, parent contacts the Superintendent in writing (specifically stating reasons for disagreement) to schedule a meeting.
7. Superintendent meets with parents and, if necessary, appropriate personnel as soon as possible but within 30 days.
8. The decision of the superintendent is final.

### ***FOR SCHOOL USE ONLY***

Date received: \_\_\_\_\_ Initial meeting scheduled for: \_\_\_\_\_

*Please return this form by October 15.*