

*Granite School District*  
**MAGNET PROGRAM APPEALS FORM**

Child's Name \_\_\_\_\_ Child's Present Grade \_\_\_\_\_

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

Address \_\_\_\_\_

Street

City

Zip Code

The purpose of this form is to appeal the decision regarding my child's eligibility for the Gifted Magnet Program. I understand that the purpose of the process was to identify the top-ranked 1% of the district's enrollment and that space in the program is very limited. My appeal is based on the following extenuating circumstances and/or information that was not considered by the district committee and that may have improved my child's ranking over other students, if considered.

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

\_\_\_\_\_  
Date

NOTE: Please attach any additional documentation that you would like to have considered by the district team.

**Please return this form within 7 days to:** Granite School District  
Gifted Office  
2500 South State Street  
Salt Lake City, UT 84115