

**Student Appeal for Reassignment for 2024-2025**

**Student Name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Date Student was Dismissed from Liberty County Schools:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Reason for Dismissal: Check all that apply.**

\_\_\_\_\_ **School Attendance**

\_\_\_\_\_ **Passing Grades**

\_\_\_\_\_ **Social Behavior**

\_\_\_\_\_ **Classroom, School and District Rules and Policies**

**Why should this Appeal for Reinstatement be considered? Parent Response**

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**What personal goals will you set to ensure that you successfully meet the requirements of the Student Reassignment Contract? Student Response**

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**Additional Documents to be Reviewed.**

School Use Only

\_\_\_\_\_ Attendance for the previous year

\_\_\_\_\_ Grades for the Previous year

\_\_\_\_\_ Discipline for the previous year

\_\_\_\_\_ Questionnaire from (2) core content areas, preferably (ELA, Math, US History, Biology)

**Submission Dates:**

- Beginning of the Year start date, the last week in April and extending through June 1<sup>st</sup> during the annual Open Enrollment Period
- Mid-Year, no later than three weeks prior to the end of the first semester ending in December annually.

I understand that I must be present at the Appeals hearing for my child to be considered for reinstatement.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Student

Form A