Student Appeal for Reassignment for 2022-2023

Student Name:			
Parent/Guardian:			
Date Student was Dismissed fi	rom 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			
		What personal goals will you s Reassignment Contract? Stud	set to ensure that you successfully meet the requirements of the Student ent Response
Additional Documents to be R	eviewed		
School Use Only			
Attendance for the prev	ious year		
Grades for the Previous	year		
Discipline for the previo			
Questionnaire from (2)	core content areas, preferably (ELA, Math, US History, Biology)		
Submission Dates:			
 Beginning of the Year sannual Open Enrollmen 	start date, the last week in April and extending through June 1^{\prime} during the nt Period		
 Mid-Year, no later than annually 	n three weeks prior to the end of the first semester ending in December		
•	esent at the Appeals hearing for my child to be considered for		
reinstatement.			
Parent	Student Form A		
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