



Center for Creative Learning
Identification Office
265 Old State Road
Ellisville, MO 63021-5912
Telephone: (636) 891-6550
Fax: (636) 891-8884

GIFTED IDENTIFICATION APPEAL FORM

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Home Address: _____

Daytime Phone Number: _____ Cell: _____

Email Address: _____

Reason for Appeal:

- There was an error in the original information submitted with the application. Documentation that can be verified must be attached.
- There is new information that was not available at the time of the initial nomination.
- There is a circumstance or condition that was not shared that affected the initial testing results.

On the lines below, please provide details of the circumstances leading to this request. You can also attach documentation relevant to the appeal. If no details or documentation are provided, this appeal will not be processed. There is no need to resubmit items that were submitted as part of the original application.

Appeals requests must be submitted within 30 days of the date of the original decision letter. Appeal decisions will be mailed to the home address within 10 days of the Appeals Committee's decision. Mail this form and all supporting documents to the Identification Office at the address provided above.

Parent/Guardian Signature

Date

Office: Date Received _____