



P.O. Box 121, 626 North Huntersville Road, Batesville, IN 47006 [batesvilleinschools.com](http://batesvilleinschools.com) T: 812-934-2194 F: 812-933-0833

**Form for Initiating the Exit Procedure for a Student in High Ability Programming**

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

Grade level and school for next year: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature of person submitting the appeal: \_\_\_\_\_

Please document below the reasons for initiating this procedure.

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Please submit this document to the Director of Student Learning to initiate this process.

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Office Use

Date Received \_\_\_\_\_

Date of Preliminary Conference \_\_\_\_\_

Date of Post Conference \_\_\_\_\_

Summary of Final Determination \_\_\_\_\_