



Argos Community Schools
401 N. First Street
Argos, Indiana 46501
(574)892-5136

Student name: _____
Grade level and school for next year: _____
Parent(s) name: _____
Email address: _____
Phone number: _____

Please know that the committee made their decision based upon valid data and upon what they believe would be the best placement for your child. If you do make an appeal, please support your appeal with information (such as a clerical error in data entry) that you want the committee to consider. You may attach additional sheets or write on the back, if needed. Boredom, GPA, and grades on report card are not reasons for an appeal. If any outside testing has been done, please submit a copy of the testing report(s).

Signature _____ Date _____

Please complete the Placement Appeal Form and email or deliver to Megan Huys, High Ability Coordinator mhuys@argos.k12.in.us