

Town of North Providence
Student School Placement Appeals Committee

Student's Last Name: _____ First Name: _____

Parent/Guardian's Last Name: _____ First Name: _____

Home Address: _____

Contact Information: Phone _____ Email: _____

School attended 2018/19: _____ Grade _____

School assignment for 2019/20: _____

School requested for 2019/20: _____

Reason for Appeal:

Parent/Guardian's Signature: _____ Date: _____

****Office Use Only****

Student ID # _____ Projected Grade for 19/20 _____

Committee Decision: Approved Denied

Reason _____

Superintendent Signature: _____ Date: _____

(Please return the completed form to your school Principal by March 22nd 2019)