

IMPORTANT INFORMATION ABOUT THE APPEAL PROCESS

CHOICE PROGRAM APPLICATION FOR APPEAL

Read first before completing the appeal form on page 2.

Audition/Eligibility appeals are only accepted for the following reasons:

1. Technical problem during the audition process for Bak MSOA, Boynton Beach HS, Dreyfoos SOA and The Conservatory School (Grades 6-8) and other approved audition schools. This includes any relevant malfunction, such as defective equipment or a power failure in the building. Technical problems caused by the student or parent's failure to ensure that the student is properly prepared or equipped for an audition will not be grounds for an appeal.
2. Technical problem during the eligibility process (such as a mathematical error).
3. Inequity: Failure to provide appropriate accommodations according to the child's documented disability or limited English proficiency during the student's audition or eligibility processes.

Important information about the audition/eligibility appeals process:

The Appeals process is governed by Policy 5.016 and is described in the District's Procedures Manual for Choice Schools and Programs (https://www.palmbeachschools.org/students_parents/school_choice/choice_programs)

1. Parents may request an Appeals Committee hearing within five (5) school days from the date of the audition.
2. A Request for Appeal Form 2418 must be submitted via fax or email, to the Director of Choice and Career Options and should include a written explanation of the alleged technical problem or inequity. Any pertinent information supporting the appeal should also be attached to the form. Fax to 561-434-8843 or email choicequestions@palmbeachschools.org with the Subject Line "Appeal Form"
3. After the written Request for Appeal is received from the parent/guardian, the Choice Appeals Review Committee will investigate the alleged inequity or technical problem to determine its merit. (A Choice Appeals Review Committee is established annually under the direction of the Director of Choice and Career Options and consists of a diverse group of professional educators and administrators with knowledge of Choice and Career Options programs and District policies.)
4. At the completion of the Appeals Committee review of the appeals request, one of the following actions will occur within five (5) school days:
 - The Department of Choice and Career Options Director will send a letter to the parent/guardian denying the appeal.
 - The Department of Choice and Career Options Director will send a letter to the parent/guardian approving the appeal and notify the effected school about the Appeals Committee's decision.

Important information about the involuntary exit appeals process:

Parents/legal guardians on behalf of the student may appeal an involuntary exit decision made by a Choice school or program. A request for an appeal must be made in writing (PBSD 2418) by the parent/legal guardian within five (5) school days from the school's written notice of its decision to exit the student. Appeals must be submitted to the Director of Choice and Career Options at: 3300 Forest Hill Boulevard, C-124, West Palm Beach, FL 33406-5869 or fax 561-434-8843. If a written request for an appeal is received within this time-frame, the Director of Choice and Career Options will assemble as fact-finding committee comprised of the school's Principal or designee; the school's Regional or Instructional Superintendent or designee; a representative from Safe Schools Department; a representative of the Department of Choice and Career Options; and appropriate team members from departments supporting the student (i.e. ESE, ELL, 504, SBT, etc.) and convene an appeal meeting at the District offices. At the appeal meeting, the student and his/her parents/legal guardians shall be granted no more than 10 minutes to present the reasons why they believe the student should not be exited from the Choice program. At the conclusion of the student and/or parent's/legal guardian's presentation, the school's Principal or designee shall have the opportunity to provide additional information or respond to any questions from the committee regarding the reasons for the student's exit from the Choice Program. The committee will then report its final decision to the Director of Choice and Career Options. A written notice of the committee's decision will be emailed within 24 hours and mailed to the parent/legal guardians within three (3) business days from the date of the meeting with the appeal committee.



School Year

Choice Program Application for Appeal

Choose which appeal: Appeal of Eligibility Appeal of Exit

Read the preceding page, "Important Information about the Appeal Process" carefully before completing this application. Submit this completed and signed form to the Department of Choice and Career Options, 3308 Forest Hill Boulevard, C-124, West Palm Beach, FL 33406-5869 or fax to 561-434-8843.

Student ID# (REQUIRED)	Student First Name	MI	Last Name	Date of Birth	Grade
ESE/504/ELL* <input type="radio"/> Yes <input type="radio"/> No	Name of ESE Program, 504 disability, ELL Plan (if applicable)*				

*A copy of the student's Individual Education Plan (IEP), 504, or ELL Plan MUST be attached to this application.

*Failure to accept accommodations offered at the time of audition when accommodations are needed is not grounds for an appeal.

Name of Parent or Guardian	Home Phone	Day Phone
Email Address	Address of Parent or Guardian (street, apt. #, state, zip code)	

Choice Application School (name) _____

Choice Application Program (name - IB, dance, theatre, etc.) _____ Date of Audition _____

What is the school attendance area in which the student now lives? _____

What is the reason the student is requesting an appeal? (Choose all that apply)

- Technical problem during audition process
- Technical problem during eligibility process
- Inequity during audition process
- Inequity during eligibility process

Briefly explain technical or eligibility problem

Briefly explain involuntary exit appeal

I have read and I understand this form and agree to the following:

1. My signature below verifies that all the above information on this application is correct.
2. The form and the important information included with this form have been either read to me or by me and both are understood.
3. I understand appeals are only heard for the reasons stated above.
4. The results of the appeal will be mailed to the above address. Telephone requests for results cannot be honored.
5. This form is not valid unless signed by the parent or guardian.

Signature of Parent/Guardian Date

DO NOT WRITE BELOW ~ CHOICE AND CAREER OPTIONS ONLY

APPROVED NOT APPROVED VOID _____
Signature of Director or Designee Date