

Ledyard High School
ELIGIBILITY APPEAL APPLICATION
(C.I.A.C. Ineligibility cannot be appealed)

Name: _____ **Grade:** _____

Reason for Appeal: ___ **New Enrollee** ___ **Extraordinary Circumstances**

Activity/Sport: _____

Please explain the reason for your appeal. Be as specific as possible.

Date

Signature

Appeal Forms should be submitted to Mr. Winters in the Assistant Principals' Office.

For Office Use Only:

___ **Granted** _____
(Date)

___ **Denied** _____
(Date)

___ **Granted with Study Halls**

___ **Review at Mid Quarter**

___ **Review at Mid quarter**