

**Appeal Request Form for  
Enrichment, Self-Contained Enrichment, or Honors  
Orland School District 135**

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

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent email: \_\_\_\_\_

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**1. Appeal for (circle one):**

Enrichment(3-5)

Self-Contained Enrichment(3-5)

Honors(6-8)

**2. Reason for Appeal:**

**3. Attach Supporting Documentation**

**4. Submit this form and all supporting documentation to:**

Dave Snyder  
Associate Superintendent  
Orland School District 135  
15100 S. 94th Avenue  
Orland Park, IL 60462