

**Pasadena Independent School District
District-Initiated Cancellation of Student's Virtual Education Setting**

PARENT/GUARDIAN APPEAL FORM

A parent/guardian filing an appeal of the district-initiated cancellation of their student's virtual education setting must complete this form in its entirety and provide it to the student's campus principal before the date the student is set to return to the campus for face-to-face instruction included in the notice letter sent by the campus.

Student's Name: _____ ID#: _____

Student's Campus: _____ Grade Level: _____

Parent/guardian completing form: _____

Parent/guardian contact number(s): _____

Parent/guardian contact email: _____

Please select the basis of this appeal:

Medical Exemption*

Request for a Transition Meeting

* If you are submitting a Medical Exemption Appeal, please confirm that you have included the required Certification for COVID-19 High Risk Exception form and that it has been completed by an appropriate health care provider. ([Link to Form in English](#))

Submitted by:

Parent/Guardian Signature

Date

FOR CAMPUS USE ONLY:

Date Received: _____

Notice of Transition Meeting (if required):

Phone Email Skyward Other

Date of Transition Meeting (if required):

Decision: _____

Date Notice of Decision Sent: _____

Other Notes: