

**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](#))

Submitted by:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**FOR CAMPUS USE ONLY:**

**Date Received:** \_\_\_\_\_

**Transition Meeting Required:**

**SPED:**

**SPED Notified:**

**Transition Meeting Scheduled:**

**Date Notice Provided:**

**Transition Meeting Held:**

**Date Held:**

**Individuals Present @ Meeting:**

**ARD Committee Members**

**Present @ Transition Meeting: Date Notice of**

**Decision:**

**Decision Provided:**

**Other Notes:**