



Department of GATE Programs
P.O. Box 30425, Reno, NV 89520
Ph: (775) 861-4451 Fax: (775) 861-4400

Magnet Appeal Form

Student Name: _____ Student Number: _____

Magnet Site Applied for: _____ Grade: _____ DOB: _____

Please explain the new assessment data and attach supporting documents:

Parent/Guardian Name(s): (1) _____ (2) _____

Parent/Guardian Mailing Address:

(1) _____

(2) _____

Parent/Guardian Phone(s): (1) _____ (2) _____

Parent/Guardian Email(s): (1) _____ (2) _____

The information provided in the appeal of my child's Magnet admission decision is true and accurate.

Parent/Guardian Signature(s):

(1) _____

Date: _____

(2) _____

Date: _____