

APPEAL



Date sent to parents: \_\_\_\_\_

**Appeal Form – For Driving Eligibility Hardship Denial**

**\*The parent or legal guardian must complete and sign this form\***

**If your Driving Eligibility Hardship Request was denied, you have the right to appeal that decision.**

Cases of hardship must reflect circumstances that are *beyond the control of the student, his or her parents, or the school.* The specific hardship circumstances are divided into four categories.

Please check appropriate hardship for which you previously applied:

- #1 Medical Considerations
- #2 Work Related Considerations
- #3 Exceptional Children Considerations
- Other Considerations – Please specify:  
\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Mailing Address of Parent/Legal Guardian: \_\_\_\_\_  
(Street address, including apt #, etc.)  
\_\_\_\_\_  
(City, State, Zip Code)

Phone numbers for Parent/Legal Guardian:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

***Your appeal must include additional information and documentation not included in original request for hardship.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Please submit this form *within 10 days* of date of notification letter to:**

Wake County Public School System  
CASS Project Manager – Dropout Prevention  
Crossroads II  
110 Corning Road  
Cary, NC 27511