



STATE OF HAWAII
 DEPARTMENT OF EDUCATION
 P.O. Box 2360
 Honolulu, Hawaii 96804

REQUEST FOR REVIEW OF DENIAL FOR GEOGRAPHIC EXCEPTION

TO: _____
 Receiving Complex Area Superintendent

 Address

 City Zip Code

FR: _____
 Requestor's Name

 Requestor's Mailing Address

 City Zip Code

 Home Phone Business / Cell Phone

 Relationship to Student Email Address

RE: _____
 Student's Name (Last Name, First Name, and Middle Initial)

 Date of Birth

 Current School / Home School

 Receiving School (GE Requested School)

 School Year GE Request Applies to

I request that a review of the decision to deny my child's geographic exception for _____ School.
 Receiving School (GE Requested)

The reasons for my request are clearly stated below: (Attach additional sheets, as necessary)

In accordance to HAR §8-13-8, I understand that you will review the case and render a written decision within ten (10) business days of the postmarked date of the filing of this appeal and that your decision will be final.

 Signature of Requestor Date Agency (if applicable)

NOTICE OF RECEIVING COMPLEX AREA SUPERINTENDENT'S DECISION

Date of this Notice: _____

TO: _____
 Requestor's Name

 Requestor's Mailing Address

 City Zip Code

RE: _____
 Student's Name (Last Name, First Name, and Middle Initial)

 Student ID (10 digit)

 Home School Code Receiving School Code

I received your request for a review of the denial for your child's geographic exception. Based upon my review, it is my decision that your request for this geographic exception be:

- Approved Denied

For the following reason(s)

In accordance to HAR §8-13-8, the decision of the receiving Complex Area Superintendent is final.

 Signature of Receiving Complex Area Superintendent Date Complex Area

 Address Phone Number.