



Tennessee Department of Education
Education Savings Account (ESA) Program
Andrew Johnson Tower
710 James Robertson Parkway • Nashville, TN 37243

Appeal Form for **Families**

Pursuant to the rules of the State Board of Education, a family may appeal the Tennessee Department of Education's (the department) decision to deny, suspend, or terminate a student's participation in the Education Savings Account (ESA) Program pursuant to the two-step appeals procedures as required in the rules of the SBE Chapter 0520-01-16. To file an appeal, please complete this form and email the completed form to ESA.Questions@tn.gov.

The appeal should be submitted to the Commissioner of Education within 10 business days of receipt of the notice of application denial, suspension, termination, and/or removal. Notice of application denial, suspension, termination, and/or removal shall be provided electronically and via first-class USPS mail and shall be deemed received three (3) business days after the date of postmark. The appeal shall be reviewed by the commissioner of education, or the commissioner's designee, and a decision shall be issued within 45 calendar days.

Directions: Please complete the following fields.

Student Information	Response Field <i>Please complete every field unless otherwise noted.</i>
Student Name	
Home Address	
Date of Birth	
Email address	
Phone Number	
Today's Date	

Type of Appeal: Please check the box to the right of the best description for the type of appeal you are making in this form.

Application Denial <input type="checkbox"/>
Removal from the ESA Program <input type="checkbox"/>
Other <input type="checkbox"/>

Date of Decision Being Appealed	
<p>In the space to the right, please provide a detailed description of the reason(s) why you are appealing the denial or removal. Please include specific details to substantiate your claims.</p>	

Supporting Documentation

If applicable, attach supporting documents to substantiate your claims. Redact for sensitive information.

I certify the information provided in this form, including any supporting documentation, is truthful and accurate. I further understand that if any false statements or documentation is provided, the department may prohibit the student and/or remove the student from participating in the ESA Program.

Parent/Guardian of Student Signature

Date

For office use only

Date received:

Date of decision:

Decision:

Date replied: