

NOTICE OF APPEAL
STUDENT/PARENT DISCIPLINE APPEAL

(Form must be filed within 5 school days of the alleged violation or within 5 days of decision)

NAME OF STUDENT: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE(DAYTIME): _____ EVENING: _____

PLEASE SPECIFY THE DISCIPLINARY ACTION YOU WISH TO APPEAL: _____

WHAT SPECIFIC RULE, POLICY, ACTION OR ISSUE OF FAIRNESS DO YOU BELIEVE WAS VIOLATED? _____

ON WHAT DATE DID THIS DISCIPLINARY ACTION OCCUR? _____

WHO WAS THE SCHOOL OFFICIAL/EMPLOYEE WITH WHOM YOU DISAGREE? _____

WHAT EFFORTS HAVE YOU MADE TO RESOLVE THIS ISSUE PRIOR TO SUBMITTING THIS APPEAL?(Who contacted, when, disposition) _____

WHAT RELIEF DO YOU DESIRE? _____

SIGNED: _____ DATE: _____