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: ____________________________

Revised: April 2012