

Notice of Appeal



Please click [here](#) for a copy of the [school district's appeals bylaws](#). Appellants should read this information carefully before initiating an appeal.

Information about the person(s) bringing the appeal:

Student's name: _____
(first) (last)

Address: _____
(street) (postal code)

Phone Number: _____

Student's Birthdate: _____ Grade: _____

Parent's Name: _____
(first) (last)

Address: _____
(street) (postal code)

Phone Number: _____

Information about the employee(s) involved:

List the employee(s) whose decision is being appealed.

Employee Name:	Employee Position / Job:
_____	_____
_____	_____
_____	_____
_____	_____

List the employee(s) with whom you have consulted about the decision.

Employee Name:	Employee Position / Job:
_____	_____
_____	_____
_____	_____
_____	_____

Information about the decision being appealed:

Date you were informed of the decision: _____

Describe the decision: _____

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Give your grounds for appealing the decision: _____

Suggest a solution to the problem which would satisfy you: _____

Describe the steps you have taken to discuss the matter directly with the person who made the decision or with other school or Board employees: _____

Parent's Signature

Date Appeal Submitted