

Notice of Student Appeal Form



Appellants should read the [Student Appeals Bylaw](#) carefully before initiating an appeal.

INFORMATION ABOUT THE PERSON(S) BRINGING THE APPEAL		
STUDENT'S LAST NAME		STUDENT'S FIRST NAME
PARENT 1'S LAST NAME		PARENT 1'S FIRST NAME
PARENT 2'S LAST NAME *if applicable		PARENT 2'S FIRST NAME (2) *if applicable
CONTACT INFORMATION		
PARENT 1 DAY PHONE No.	ALTERNATE PHONE No.	EMAIL ADDRESS
PARENT 2 DAY PHONE No. *if applicable	ALTERNATE PHONE No.	EMAIL ADDRESS
STUDENT'S ADDRESS		
PARENT'S ADDRESS (* if different from Student's Address)		
SCHOOL INFORMATION		
SCHOOL NAME		GRADE
EMPLOYEES INVOLVED WHOSE DECISION IS BEING APPEALED		
NAME		POSITION
NAME		POSITION
NAME		POSITION
EMPLOYEE(S) CONSULTED ABOUT THE DECISION		
NAME		POSITION
NAME		POSITION
NAME		POSITION
DECISION APPEALED		
DATE YOU WERE INFORMED ABOUT THE DECISION		
DESCRIBE THE DECISION		

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GROUND'S FOR APPEALING THE DECISION

SUGGEST A SOLUTION TO THE PROBLEM WHICH WOULD SATISFY YOU

DESCRIBE THE STEPS YOU HAVE TAKEN TO DISCUSS THE MATTER WITH THE PERSON WHO MADE THE DECISION OR WITH OTHER SCHOOL / BOARD OF EDUCATION / EMPLOYEE(S):

PARENT 1'S SIGNATURE

DATE

PARENT 2'S SIGNATURE *if applicable

DATE

*The information on this form is collected under the authority of the School Act, Sections 13 & 79; and may be used by the District for Ministry of Education reporting, demographic, enrolment, budget, facility and operational analysis. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act. **Mission Public Schools Privacy Officers:** Angus Wilson and Corien Becker | **Privacy Coordinator:** Ilona Schmidt | **Email:** privacy@mpsd.ca*