



# Appeals Form

(In accordance with Policy #9 Appeal of Decisions Bylaw)

1. Date submitted: \_\_\_\_\_

2. Name and address of the person making the appeal:

NAME:	ADDRESS:
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3. Student's name, address, grade and school:

NAME:	ADDRESS:
GRADE:	SCHOOL:

4. Please describe the decision being appealed:

DECISION:
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5. Date on which the original decision was shared with student and/or parent/guardian:

\_\_\_\_\_

6. Please provide the name of the District employee(s) who made the decision being appealed:

\_\_\_\_\_

7. Please provide particulars of the effect on the student's education, health or safety:

PARTICULARS:
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8. Please identify the grounds for the appeal and the action requested or relief sought:

GROUND / ACTION:

9. Please provide a summary of the steps taken by the student and or parent/guardian to resolve the matter:

STEPS TAKEN:

10. A