

NOTICE OF APPEAL FORM

(To be completed by the student/parent/guardian filing the Appeal)

Demographic Data

Surname

Given Names

Street No./Street/PO Box

City/Postal Code

Name of Student of parent/guardian (if applicable)

Present School

School Address

Present Grade

Present Teacher

Decision or lack thereof being appealed

Date of Decision/lack thereof

Name of Board employee(s) who made the decision being appealed

Particulars of the effect on the student’s education, health or safety

Grounds for the appeal and the action requested or relief sought (i.e.: evidence to support it)

Steps taken to date to resolve the matter

Request for an oral hearing or written submission

Special accommodations required to proceed with the appeal

Student/Parent/Guardian making the Appeal

Date