Formal Appeal Form

This form must be completed by the student and parent/guardian and submitted to the Principal within 3 days of receipt of the discipline referral.

Parent/Guardian Name: _________________________  Student Name: _________________________
Phone Number: _______________________________  Student Number: _________________________
Date: ___________________

The reason for this appeal is as follows:
_________________________________________________________________________________
_________________________________________________________________________________
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Note: If the investigation results in the appeal being denied, the consequences may be increased.

List any witnesses below:
1. _____________________________________
2. _____________________________________
3. _____________________________________
4. _____________________________________
5. _____________________________________
6. _____________________________________

Parent Signature ___________________________  Student Signature _________________________

*This form was received by the Principal’s Secretary on ________________________
(date)

“Partners in Education”