



APPEALING A SCHOOL DECISION

Dispute Resolution Template

Name of Student: _____

School: _____

Name of Person Making Appeal: _____
(if student is less than 18 years of age)

Relationship to student: _____

Mailing address:

Phone Numbers: Day: _____ Evening: _____

Email address: _____

Please indicate the type of decision you are appealing:

- Provision of educational programs or services
- Evaluation, promotion or graduation
- Discipline or suspension
- Transfer of a student from one school to another
- OTHER

Please identify the date and times when you have met with the following people in an attempt to resolve the issue.

- Person making the decision (if not the principal) - _____
- Principal _____

PLEASE DESCRIBE THE MATTER BELOW THAT YOU ARE APPEALING.

Please include who made the decision, why you are not satisfied and the outcome you would like to see. **Please attach any additional information and forms related to this appeal.*

Signature

Date