Public Schools Branch REQUEST FOR STUDENT APPEAL

Part 1

Parent(s)/Guardian(s) (If student is not an independent student):	Student:	
	Address: (if different from parent/guardian):	
Address:		
	Tel: (h) (c):	
Tel: (h) (c)	School:	
Email:	Grade: DOB:	

Part 2

Before requesting an appeal, the board requires the appellant to follow the *Concerns and Resolutions Procedure* in an attempt to resolve the issue at the school or Public Schools Branch level. Failure to do so may result in a denied request for an appeal. Have you spoken with the following people?

Person making the decision (*if not the principal*):

□ Principal:

Appropriate Public Schools Branch Director:

The Director of the Public Schools Branch:

Part 3

Employee whose decision (or failure to make a decision) is being appealed:			
Name:	Position:	School/Worksite:	
Name:	Position:	School/Worksite:	
	Attach a copy of the decision letter/note OR	State the decision that is being appealed	
Date you were informed of the decision under appeal:			
Please provide any information regarding the circumstances related to the decision being appealed and explain the remedy/solution you are seeking.			
Please include any supporting documentation.			

Signature

Date

SEND FORM TO: Public Schools Branch - c/o Confidential Board Secretary.

Email: sxgauthier@edu.pe.ca or Fax: 902-368-6834 or Mail/Hand deliver: 2-234 Shakespeare Drive, Stratford, PE C1B 2V8 The information collected on this form is in accordance with the *Freedom of Information and Protection of Privacy Act, s.* 31 (c) as it relates directly

to and is necessary for an activity of the public body.