

# Public Schools Branch REQUEST FOR STUDENT APPEAL

<b>OFFICE USE ONLY</b> Date received: _____ _____
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**Part 1**

Parent(s)/Guardian(s) <i>(If student is not an independent student):</i>
Address: _____
Tel: (h) _____ (c) _____
Email: _____

Student: _____
Address: <i>(if different from parent/guardian):</i> _____
Tel: (h) _____ (c): _____
School: _____
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

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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.

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**Please include any supporting documentation.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date