Student Discipline

Students appealing a disciplinary decision must respond in writing to the following statements. Any additional written information may also be submitted. You may attach additional paper to answer these questions. DATE: STUDENT NAME: GRADE: EMAIL ADDRESS: ADDRESS: _____ CITY: ____ STATE: ___ ZIP CODE: ____ SCHOOL: ______PHONE: _____PHONE: _____ Please check the appropriate box below if the student is enrolled in a Special Program: □ Special Education/IEP □ Section 504 **Do you need an Interpreter to be present at the hearing?** ___YES ____NO If yes, please specify language 1. Student interpretation of the facts. Describe the incident; when did it occur, where, who observed it? 2. What are the factors that lead to the incident? 3. What specific information or evidence will you present that would cause the modification or reversal of the discipline? Student Signature Date

Date

Parent/Guardian Signature

^{*} A hearing date will be scheduled within one (1) school business days of the receipt of this completed appeal form.