

AUSD SUSPENSION APPEAL FORM

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Special Education: _____ 504 _____ Email Address: _____

Parent/Guardian Name: _____ Phone: _____
(cell/home/work)

I. Suspension Appeal Process:

1. If the parent/guardian wishes to appeal the suspension, the first level of appeal is the site Principal.
2. If the parent/guardian is not satisfied with the decision of the site Principal, the parent or guardian may appeal to the Superintendent's Designee. In Alameda Unified, the Superintendent's designee is the Assistant Superintendent of Education Services.
3. Parent/guardian must complete this form for appeal consideration from the District.
4. During the appeal process, the student will continue to serve the suspension.
5. A decision on suspension appeal will be based on the application of due process regarding the following criteria:
 - Grounds for suspension were identified: {EC 48900(a)-(r) and (t), 48900.2, 48900.3, 48900.4, 48900.7, 48915(a) 1-5 and (c) 1-5}.
 - Student was suspended for no more than one to five consecutive days.
 - Student was informed of the reason of the suspension, evidence was reviewed, and student was given an opportunity to tell his/her version of incidents, unless there is a clear and present danger with the student.
 - Principal or designee has documentation of reasonable attempt to notify parent/guardian of suspension either in person, by mail, by telephone, or by email.
 - *Student has not been suspended more than 20 days this school year.
 - *The number of days of suspension is commensurate with the behavior.

II. Suspension Information (to be completed by the parent/guardian):

Please attach a reason for the appeal and include any information and/or evidence you think may be helpful. You may also attach additional documents as needed.

III. Signature of Parent/Guardian and Student:

Parent/Guardian Signature

Date: _____

Student Signature (if applicable)

Date: _____