



Rochester Board of Education Long-Term Suspension Appeal Form

Name of Student: _____ Student ID: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Current Address: _____
Street City State Zip

Current Phone Number: _____
Home Phone Cell Phone

Date of Suspension _____

Place an X or ✓ by the reason for appeal.

- ☐ Procedure (examples: due process issue, not notified about the suspension and/or hearing, no manifestation hearing for students with IEP/504 Plan/SWD)
☐ Finding of Guilt
☐ Penalty
☐ Other: _____

**You must provide a detailed description of the reason for appeal.
(Attach a separate sheet if more space is needed.)**

Requester Name

Date

Return this form and supporting documentation (if applicable) through one of the following delivery methods:

Email
SuspensionAppeal@RCSDK12.org

US Mail or
Central Office Drop Off
Attention: Suspension Appeals
Board of Education
131 West Broad Street
Rochester, NY 14614

Fax
Attention: Suspension Appeals
585-262-8381