



STUDENT AND/OR PARENT APPEAL FORM

1. The appeal should be made in writing within twenty school days of the decision by the school or employee that you are appealing. The Board can waive the time period.
2. Complete this appeal form.
3. Bring the form (within twenty school days) to your school Principal or to the:
 School Board Office
 2557 Beverly Street
 Duncan, BC
 V9L 2X3
 Telephone: 250-748-0321
4. You may have an advocate assist you throughout the appeal.
5. You will be contacted by the school district. In an attempt to resolve the appeal and depending on the circumstances, you may be asked to:
 - Speak to the teacher/employee, or
 - Speak to the Principal/Supervisor, or
 - Meet with an Associate Superintendent/Secretary Treasurer, or
 - Meet with the Appeal Committee.
6. If the appeal cannot be resolved through the above steps, the appeal will be decided upon by the School Board.

Students Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: Home: _____ Work: _____

Student's School: _____

Student's Grade: _____

Teacher: _____

What decision of a school district employee that significantly affects you or your child's education, health, or safety are you appealing? (What did the school do that you are appealing?)

When were you informed of the decision?

Who informed you?

Who made the decision?

What are the grounds for the appeal? (What are you unhappy about?)

What relief is sought? (What changes to you want?)

Signature of the Person Appealing

Date

Printed Name of the Person Appealing

(Please attach a separate sheet if you need more space to comment on any of the questions.)