



April 2024

Notice of Appeal Form

Parent/Guardian: _____

Email: _____ Phone: _____

Student Name: _____ School: _____

Grade or Program: _____ Teacher: _____

Please provide a brief statement outlining the decision that was made or not made which significantly affects the education, health, or safety of the student, and which you are appealing:

Have you read School District No. 64 (Gulf Islands) Bylaw No. 3, Section 11 Appeal Procedures available on the district website, and taken the steps outlined in Board Policy 2.40 Addressing Concerns and Complaints? Please tell us what you've already done.

Reason(s) why you think this decision should be appealed: _____

Date where you informed of the decision: _____

Name of the employee whose decision is being appealed: _____

Requested action or relief: _____

Do you require any special accommodation in order to proceed with the appeal (for example: are you hard of hearing, or is mobility a challenge?) If yes, please specify: _____

Parent/Guardian Signature: _____ Date: _____

For Board Use

Date of Hearing: _____

Decision: _____
