

# School District #36 (Surrey)

## NOTICE OF APPEAL

A student entitled to participation in an educational program in the School District, or a parent/guardian of such student, may appeal a decision of an employee of the Board of Education, non-school district staff or a volunteer when such decision significantly affects the education, health or safety of the student.

See Board Policy #9902 - *Appeal Procedures*, and its supporting Regulations, for further details.

If you wish to appeal a decision of an employee, non-school district staff or a volunteer of the Board please complete the following **and return it to the Secretary-Treasurer's office (at the Board Office)**:

1. Student's Name: \_\_\_\_\_  
Student's Date of Birth: \_\_\_\_\_  
Appellant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

2. Current placement of student (i.e., school, grade, program, etc.) or appellant:  
\_\_\_\_\_  
\_\_\_\_\_

3. The decision which is being appealed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The date you became aware of the decision: \_\_\_\_\_

5. The name of the School Board employee, non-school district staff or a volunteer who made the decision which is to be appealed: \_\_\_\_\_  
\_\_\_\_\_

6. What effect will this decision have on the student's education, health or safety?  
\_\_\_\_\_  
\_\_\_\_\_

7. The grounds for the appeal and action requested or the relief sought:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The steps that you have taken to attempt to resolve the matter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_