

SECTION V: APPENDICES

APPENDIX A

School District 63 (Saanich)

NOTICE OF APPEAL

Attached is School District 63 (Saanich) Policy regarding the appeals procedure. Parents/Guardians/Students should read this information carefully before initiating a formal appeal.

1. Information about the person(s) initiating the appeal

Name of Student: (first)_____ (last)_____

Name of School: _____

Student address: (street)_____
(if different from parent)
(postal code)_____ (phone)_____

Student birth date: (year)____(month)____(day)_____ Student grade:_____

Parent/Guardian name: (first)_____ (last)_____

Parent address: (street)_____
(postal code)_____ (phone)_____

Parent/Guardian name: (first)_____ (last)_____

Parent address: (street)_____
(postal code)_____ (phone)_____

2. PLEASE COMPLETE (a) OR (b)

(a) Information about the decision being appealed

Date you were informed of the decision: _____

Name of employee whose decision is being appealed: _____

Describe the decision (or attach document where decision may be written):

2. (b) Information about a failure to make a decision

Date you became aware that a decision would not be made: _____

Name of employee who is declining to make a decision: _____

Describe the circumstances leading up to the failure to make a decision:

3. Other Information About the Appeal

Give your reasons for appealing the employee's decision or failure to make a decision:

Comment on how the decision or failure to make a decision significantly affects the education, health, or safety of the student. (See Guiding Principle 4 of Policy 1110 for further clarification regarding appealable decisions.)

Suggest a solution to the problem which would satisfy you:

4. Levels of Consultation

List the employee(s) with whom you have discussed the decision you are appealing:

Employee name: _____

Employee position/job: _____

Date of Meeting: _____

Name of employee's immediate supervisor: _____

Date of meeting: _____

Name of District Supervisor: _____

Date of Meeting: _____

5. Signatures

Signature of Student

Date of Appeal

Signature of Parent/Guardian

Date of Appeal

Signature of Parent/Guardian

Date of Appeal

Received by the Chair of the Board:

Name: _____

Signature: _____

Date: _____