# Bylaw No. 4 – Appendix B - Notice of Appeal

Please submit the completed form to:
Office of the Secretary Treasurer of School District No. 57
2100 Ferry Avenue, Prince George, BC, V2L 4R5
Email: appeal@sd57.bc.ca Fax: 250-561-6820

## STUDENT INFORMATION:

Name: _____ Phone Number: _____

Address: _____

Date of Birth: _____ School Attending: _____

Grade Level: _____ Home Room Teacher: _____

## PERSONS(S) MAKING THE APPEAL:

Name: _____ Phone Number: _____

Address: _____

Relationship to Student: _____

## DESCRIPTION OF THE DECISION THAT IS BEING APPEALED:

Date person making appeal was advised of decision: _____

Name of employee who made the decision: _____

Particulars of the effect on the student's education, health, or safety:

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Action requested or resolution sought:

Summary of steps taken by the student, parent, or guardian to resolve the matter:

☐ Step 1: Student/Parent/Guardian contacted employee Date: _____

☐ Step 2: Student/Parent/Guardian contacted school Principal/Vice Principal Date: _____

☐ Step 3: Student/Parent/Guardian contacted Office of the Superintendent Date: _____

Please describe any other steps taken by the student, parent, or guardian to resolve the matter:

Does the person making the appeal require any special accommodation in order to proceed with the appeal (such as interpretation services at the hearing)?

☐ No

☐ Yes Please Describe: _____

## STUDENT SIGNATURE:

Name: _____ Signature: _____

## PARENT/GUARDIAN SIGNATURE:

Name: _____ Signature: _____