



SCHOOL DISTRICT NO. 64

**PROCEDURE 133-1 (form)
Notice of Appeal**

*"Inspire learners, Integrate sustainability,
Involve community"*

Student's Name: _____ Parent/Guardian: _____

School: _____

Address: _____

Email: _____

Phone No.: (home) _____ Work: _____

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, A Bylaw Governing the Right to Appeal Board Decisions Affecting Students" available on the district website, and taken the steps outlined in Board Policy and Procedure 133 ? Please tell us what you've already done.

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

Date you were informed of the decision: _____

Name of Board employee who made the decision 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?)

Date: _____ Signature: _____

For Board Use:

Date of Hearing: _____

Decision: _____