



**School District No. 6 (Rocky Mountain)**

**NOTICE OF APPEAL**

(For more information of the Appeal process, refer to School Board Bylaw No. II)

Student Name:

Date:

Parent/Guardian:

Telephone:

Address:

Office:

School:

Home:

Teacher:

Grade:

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. (What did the school do that you are appealing?)

Date you were informed of the decision:

Name of the School Board employee who made the decision being appealed:

What are the reasons for this appeal? (What are you unhappy about?)

What action, change or resolution do you seek?

Person Appealing the Decision

Signature

(Return this completed form your school principal or Superintendent of Schools)