



SECTION 11 - NOTICE OF APPEAL (Bylaw 2008-1)

Date: _____

To: Superintendent of Schools

Parent/Guardian: _____

Student(s) Name: _____

Address: _____

Grade & School: _____

Phone Number: _____

(PLEASE PRINT)

Reason for Appeal:

Please attach additional information if required.

Requested change/outcome:

For Board Office Use only:

<i>Date received</i>		<i>Board Notified</i>	
<i>Scheduled Appeal</i>		<i>Appellant Advised of date/time</i>	
<i>Result of Appeal</i>		<i>Appellant Notified</i>	
<i>Other</i>			