



FORM 460
NOTICE OF APPEAL TO BOARD OF EDUCATION

1. Name of student: _____
2. Address of student: _____
3. School and grade of student: _____
4. Name of person initiating the appeal: _____
5. Address of person initiating the appeal: _____

6. Phone no. of person initiating the appeal: _____
7. Decision being appealed: _____

8. Date notification of the above decision was received: _____
9. Name of employee(s) whose decision is being appealed: _____
10. Reason(s) why the decision is affecting the student's education, health or safety (please use extra sheets if necessary and attach appropriate documentation):

11. Grounds for appeal and desired action or relief:

12. Summary of steps taken to resolve the matter:

13. Is a written or oral appeal requested? _____

14. Does the person submitting the appeal require special accommodation?

Date

Signature