

**Appeal Form**

Applicant Name:	Date:
Address:	Phone:
Email	

Decision that is being appealed:	
Date that the applicant/student was notified of decision:	Method of Notification:
I am appealing the following decision made and request a formal review for the following reason(s):	
Applicant signature:	

<b>To be completed by Director of Education</b>	
Date Appeal was received	
Statement of Education Administrator; including the decision made and relevant National and/or local policy guidelines.	
Education Administrator signature:	Date:

*Proudly determined*