

Notice of Appeal

This document is to be completed by the parent or student.

| Parent(s)/Legal Guardian(s) Name(s): | | | Address | | |
|---|--------------|-----------|----------------------|----------------------------|--|
| Home Phone B | | | | | |
| Student Name (Last Name, First Name, Middle Initial) Student Address (If different from parent) | | | CBE Student ID # | Date of Birth (YYYY/MM/DD) | |
| | | E | mail Address | | |
| School | | | | Current Grade | |
| Information about the decision be | • | | | | |
| 1 Name of employee whose decision is2 Date you were informed of the decisi | | | | | |
| 3 Have you discussed the decision wit | | | | solve the issue? | |
| The person making the decision | Yes 🗌 | No 🗌 | Date | | |
| The Principal/Supervisor | Yes 🗌 | No 🗌 | Date | | |
| CBE Manager or Director | Yes 🗌 | No 🗌 | Date | | |
| Please indicate the type of decision | on you are | appeal | ing | | |
| ☐ Provision of education programs or s | | | | | |
| ☐ Promotion or graduation☐ Denial of registration in or termination | | schooling | ı program | | |
| ☐ Access to or the accuracy or complet | eness of the | e student | record | | |
| Denial of access to educational resou | rces, servic | es or pro | grams as a result of | lack of payment of fees | |
| Other | | | | | |
| | | | | | |

Feb. 2015 Page 1 | 2

How does the decision significantly affect the education of the student? 4 | Please outline your concerns regarding the decision. Include information on the events or activities which resulted in the decision. If the answer will not fit in space provided please attach a separate page 5 | Please give your reasons for appealing the decision and describe the effect of the decision on the student's education. 6 | Please explain the remedy/solution that you are seeking.

Please Deliver Completed Form To:

Office of the Chief Superintendent 1221 – 8 St SW T2T 0L4 t | 403-817-7900 e | ChiefSuperintendent@cbe.ab.ca

Signature of Appellants

The personal information on this form is collected under the authority of the *Alberta School Act* and the *Freedom of Information and Protection of Privacy Act*. The information will be disclosed only to those individuals who need the information in order to enable them to review and respond to your appeal. If you have any questions about the collection of this information, please contact the Office of the Chief Superintendent 403-817-7900.

Signature of Appellants