Newfoundland & Labrador English School District

STUDENT APPEALS FORM

Name of Student: _____

School: _____

Name of Person Making Appeal: _____
(if student is less than 19 years of age)

Relationship to student: _____

Mailing address:

_____

Phone Numbers: Day: _____ Evening: _____

Email address: _____

Please indicate the type of decision you are appealing:

☐ Provision of educational programs or services

☐ Evaluation, promotion or graduation

☐ Discipline or suspension

☐ Transfer of a student from one school to another

☐ OTHER

Have you spoken with the following people in an attempt to resolve the issue?

☐ Person making the decision (if not the principal)

☐ Principal

☐ Senior Education Officer

PLEASE DESCRIBE THE MATTER BELOW THAT YOU ARE APPEALING.
Please include who made the decision, why you are not satisfied and the outcome you would like to see. ***Please attach any additional information and forms related to this appeal.***

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Signature ***Date***

Fax or mail to:
The Director of Education, Newfoundland and Labrador English School District, 95 Elizabeth Ave, St. John's, NL A1B 1R6
P: (709) 758-2372; Fax: (709) 758-2706; www.nlesd.ca