Notice of Appeal

Student Disciplinary Tribunal Hearing Decision

Parent/Guardian Name: _____

Address: _____

_____

Phone Number(s): _____

Email address(es): _____

I hereby wish to appeal the decision of the discipline issued in the student disciplinary tribunal hearing regarding:

_____ on _____.
^ š µ s Name Date of Hearing

In the space below, please state the reason(s) for your appeal. If additional space is needed, please continue on the next page.

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Any appeal of the hearing decision must be filed in writing within twenty (20) calendar days of the tribunal hearing. This form is being provided as a convenience only, and use of this particular form is not required in order to appeal the decision. However, any appeal of the decision must be filed in writing with the Office of School Climate at 864 Broad Street, Augusta, GA 30901. Please email this form back to Ms. Barbara Richardson at barbaba@boe.richmond.k12.ga.us AND/OR Ms. Julie Darlington at darliju@boe.richmond.k12.ga.us.

Notice of Appeal

Student Disciplinary Tribunal Hearing Decision

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Parent/Guardian Name_____

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