



## REQUEST FOR BUILDING SUSPENSION APPEAL

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Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Name of Person Requesting Appeal: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Suspension: \_\_\_\_\_

Summarize the disciplinary action taken by the building administrator:

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Explain the rationale for your appeal:

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Signature of Parent or Guardian

Date

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### CENTRAL OFFICE USE ONLY

Appeal Denied/Approved:

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Central Administration Decision Issued by: \_\_\_\_\_

Date: \_\_\_\_\_

Cc: \_\_\_\_\_, Parent  
\_\_\_\_\_, School Principal