Student Discipline Appeal Form for Suspension of 10 Days or Less

4-205(c) Appeal
Appeal Information Form – Superintendent Level

Timeline to Appeal to Superintendent:
Within 10 school days of the Director of Student Services’ decision.

1. Name: ____________________________________________________________

2. School: _____________________________________________________________________________

3. Date of decision being appealed: ______________________________________________________

4. Briefly describe the reason you are appealing the decision in this matter. _______________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________

5. Cite relevant laws, policies, or regulations that you believe have been violated. _________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________

6. Provide a concise statement of the facts to support your position. (Attach any documents you deem relevant to your appeal.)
   _____________________________________________________________________________________
   _____________________________________________________________________________________

7. Please indicate the remedy or outcome you are seeking. _________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________

   Signature ___________________________ Date __________

See Board Policies 105, 408, and FCPS Regulation 400-04 for additional information.