Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Appeal Information Form - Superintendent (or Designee) Level
4-205(c) Appeal

An appellant may use this form to provide their basis for appeal. The form should be sent to the Superintendent of Schools, 191 South East Street, Frederick, MD 21701 within 30 calendar days of the occurrence of the matter being appealed.

1. Appellant’s name, address, and daytime phone number (to be provided for each appellant):
   Name: ________________________________________________________________
   Address: ______________________________________________________________
   ____________________________
   Phone: ____________________________

2. Provide a concise statement of the issues and specific areas you are disagreeing with regarding the decision or action.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Provide a concise statement of facts to support your appeal.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. State all laws, policies, regulations, etc. which you believe have been violated in this case and how.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
5. Identify and attach all documents on which you will rely in presenting your appeal.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

6. State the relief or remedy you want from the Superintendent in this appeal.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

7. Name of MSEA UniServ Director, if applicable.

________________________________________________________________________________________

________________________________________________________________________________________

Appellant Signature  ________________________________  Date  ________________________________

See Board Policy 105 for additional information on the appeal process.