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 days of the occurrence of the matter being appealed.

1. Appellant's name, address, and daytime telephone number (to be provided for each appellant):
   
   Name: __________________________________________________________
   
   Address: _________________________________________________________
   _________________________________________________________________
   
   Telephone: _______________________________________________________
   _________________________________________________________________

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 MSTA UniServ Director, if applicable.

________________________________________________________________________________________

______________________________________   _________________
Appellant Signature  Date

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