



BOARD OF EDUCATION
BURNABY
SCHOOL DISTRICT 41

Appeals Form

(In accordance with Policy #9 Appeal of Decisions Bylaw)

1. Date submitted: _____

2. Name and address of the person making the appeal:

NAME:	ADDRESS:
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3. Student's name, address, grade and school:

NAME:	ADDRESS:
GRADE:	SCHOOL:

4. Please describe the decision being appealed:

DECISION:

5. Date on which the original decision was shared with student and/or parent/guardian:

6. Please provide the name of the District employee(s) who made the decision being appealed:

7. Please provide particulars of the effect on the student's education, health or safety:

PARTICULARS:

8. Please identify the grounds for the appeal and the action requested or relief sought:

GROUND / ACTION:

9. Please provide a summary of the steps taken by the student and or parent/guardian to resolve the matter:

STEPS TAKEN:

10. Are you requesting an in-person hearing?

- Yes No

11. Please note if the person making an appeal requires any special accommodation in order to proceed with the appeal (such as interpretation services at the hearing of the appeal):

ACCOMODATIONS: