



Rochester Board of Education Suspension Appeal Form

Name of Student: _____ Student ID: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Current Address: _____
Street City State Zip

Current Phone Number: _____
Home Phone Cell Phone

Date of Suspension _____

Place an X or ✓ by the reason for appeal.

- Procedure (examples: due process issue, not notified about the suspension and/or hearing, no manifestation hearing for students with IEP/504 Plan/SWD)
- Finding of Guilt
- Penalty
- Other: _____

**You must provide a detailed description of the reason for appeal.
(Attach a separate sheet if more space is needed.)**

Requester Name

Date

Return this form and supporting documentation (if applicable) through one of the following delivery methods:

<u>Email</u> SuspensionAppeal@RCSDK12.org	<u>US Mail or</u> <u>Central Office Drop Off</u> Attention: Suspension Appeals Board of Education 131 West Broad Street Rochester, NY 14614	<u>Fax</u> Attention: Suspension Appeals 585-262-8381
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