

CHILD WELFARE & ATTENDANCE OFFICE

SUSPENSION APPEALS

Suspension Appeals Procedure Checklist

 At time of suspension meeting between the parent and the principal's designee, parent is informed by school of option to appeal the suspension by contacting the principal's assistant. This appeal must be in writing using the attached form, which is completed by the parent and/or student. The completed form must be received by the Child Welfare & Attendance Office no later than 5 business days after the date of the meeting with the principal or principal's designee.
 The Coordinator of CWA will review the materials submitted by the parent and/or student to determine whether or not the suspension should be upheld, overruled, and/or expunged after a period of time.
 A copy of the decision will be mailed to the student/parent and school principal informing them of the decision.

NOTE: The most common reasons for overruling a school's decision to suspend a student are generally based upon the following: (a) The offense committed was one for which a student could not be suspended or (b) Procedural requirements were not complied with by school personnel; thus a denial of due process of the student and/or parent.

REQUEST FOR SUSPENSION APPEAL

(Reference: Board Rule 5144.1)



REQUEST FOR SUSPENSION APPEAL

(Reference: Board Rule 5144.1)

DATE:			
TO:	CHILD WELFAI 1305 E. Vine Stre Lodi, CA 95240	RE & ATTENDANCE OFFIC	Œ
FROM:	Parent/Guardian	Name(s):	
	Address:		Zip Code:
	Telephone(s): He	ome: ()	_ Work: ()
suspension conference form and r to suspend	n is issued. The stude. If the principal sureturn it to the address the student.	lent and parent/guardian must stains the suspension, the studess noted above within 5 busine	pension within 10 business days after the meet with the school principal in an informal ent and/or parent/guardian may complete this ess days of the date of the principal's decision ally completed and a copy of the Notice of
Suspensio	n form must be atta		d after the deadline date or without required
Student Na	ame:		Date of Birth:
School Na	me:		Grade:
Suspension	n Dates:	to	Days:
Suspension	n Charge (i.e. 01e. A	Assault/Battery, 07b. Property-	Theft):
	Date of informa	al conference with principal: _	

REQUEST FOR SUSPENSION APPEAL

(Reference: Board Rule 5144.1)

NATURE OF COMPLAINT (Describe in your own words the reasons you feel this suspension is not appropriate or the procedure was not followed properly by the school administration. Please include all names, dates, and places of those involved so we can have a complete understanding of your complaint)

REQUEST FOR SUSPENSION APPEAL

(Reference: Board Rule 5144.1)

Request for Suspension Appeal Page 2	
	_
	_
	_
	_
	_
	_
	_
	_

Note: You may attach additional pages to this form if necessary.

Please return all to: Child Welfare & Attendance Office 1305 E. Vine Street Lodi, CA 95240

REQUEST FOR SUSPENSION APPEAL

(Reference: Board Rule 5144.1)

FORMS: Susp. Appeal (02/19)