

## 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

## REQUEST FOR SUSPENSION APPEAL

DATE:			
TO:	CHILD WELFARE 1305 E. Vine Street Lodi, CA 95240	E & ATTENDANCE OFFICE t	
FROM:	Parent/Guardian Na	ame(s):	
	Address:		Zip Code:
	Telephone(s): Hon	me Work: _	
suspension principal sto the add student.  For the approximately approxi	n is issued. The students sustains the suspension dress noted above with a ppeal to be considered.	dent and parent/guardian must a, the student and/or parent/guardian 5 business days of the date d this form needs to be fully	nsion within 10 business days after the transfer that meet with the school principal. If the rdian may complete this form and return it of the principal's decision to suspend the completed and a copy of the Notice of after the deadline date or without required
-		s not submitted, the appeal will	
Student N	ame:		_ Date of Birth:
School Na	ame:		Grade:
Suspensio	n Dates:	to	Days:
Suspensio	n Charge (i.e. 01e. Ass	sault/Battery, 07b. Property-The	eft):
	Date of cont	ference with principal:	

REQUEST FOR SUSPENSION APPEAL

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 Page 2					
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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