



Gil Ogden
Director of Student Services

SUSPENSION APPEAL

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Special Education: _____ 504 _____ Email Address: _____

Parent/Guardian Name: _____ Phone: _____

I. Suspension Appeal Process:

1. If the parent/guardian wishes to appeal the suspension, the first level of appeal is the site Principal.
2. If the parent/guardian is not satisfied with the decision of the site Principal, the parent or guardian may appeal to the Superintendent or Superintendent's Designee.
3. Parent/guardian must complete this form for appeal consideration from the District.
4. During the appeal process, the student will continue to serve the suspension.
5. A decision on suspension appeal will be based on the application of due process regarding the following criteria:
 - a. Grounds for suspension were identified: {EC 48900(a)-(r) and (t), 48900.2, 48900.3, 48900.4, 48900.7, 48915(a) 1-5 and (c) 1-5}.
 - b. Student was suspended for no more than one to five consecutive days.
 - c. Student was informed of the reason of the suspension, evidence was reviewed, and student was given an opportunity to tell his/her version of incidents, unless there is a clear and present danger with the student.
 - d. Principal or designee has documentation of reasonable attempt to notify parent/guardian of suspension either in person, by mail, by telephone, or by email.
 - e. *Student has not been suspended more than 20 days this school year.
 - f. *The number of days of suspension is commensurate with the behavior.

II. Suspension Information (to be completed by the parent/guardian):

Please attach a reason for the appeal and include any information you think may be helpful. You may also attach additional documents as needed.

III. Signature of Parent/Guardian and Student:

Parent/Guardian Signature

Date: _____

Student Signature (if applicable)

Date: _____