



# Suspension Appeal Form (Out of School Suspension or Bus Suspensions)

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

My child was suspended on \_\_\_\_\_ from \_\_\_\_\_  
**(Date)** **(School or Bus#)**

for the period of time indicated below.

Length of Suspension: \_\_\_\_\_ Dates of Suspension: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I am appealing:

*The Principal's Decision to Suspend my Child*

*Information written on the office referral*

Because \_\_\_\_\_  
\_\_\_\_\_

and I would like for the committee to consider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/ Legal Guardian Printed Name: \_\_\_\_\_

Parent/ Legal Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**A copy of the referral must be attached to this appeal. All appeals must be hand delivered to the address listed below or mailed via United States Postal Service, faxed, or hand delivered within 5 school days of the suspension.**

County County Board of Education  
100 Jackson Street  
Evergreen, AL 36401  
Phone: 251-578-1752  
Fax: 251-578-70