

Perry County School District Student Discipline Appeal Request Form

In order for your appeal to be considered, you must complete the following information in its entirety and submit within 3 business days of the date of your original hearing. Appeals after this date will not be considered. Incomplete forms will not be considered.

| Student's Name: | Initial Informal Discipline Date: |
|---|-----------------------------------|
| Parent's Name: | Phone Number: |
| Address: | |
| School Campus: | Grade: |
| I am appealing the decision reached by: ☐ Principal ☐ Superintendent | |
| • | |
| □ Superintendent | |
| I am appealing: (check at least one | perintendent |
| ☐ The findings of responsibility (gui | |
| □ The following sanction(s): | |
| This appeal is based on the follow | |
| ☐ Appeal against the facts | |
| ☐ Appeal against the decision (pun | ishment too severe) |
| ☐ Appeal on procedural grounds | |
| ☐ New information is available | |

All decisions by the school board are final. MS Code §37-9-71, §37-15-09, and §37-13-9

New Augusta, MS 39462

Please return this form with your written explanation for the appeal based on one or more of the grounds noted above to the Perry County Superintendent's Office \cdot 100-B 8th Avenue \cdot