



LAFAYETTE
PARISH SCHOOL SYSTEM

Child Welfare and Attendance

PO Drawer 2158, Lafayette, LA 70502 Phone: (337) 521-7090 Fax: (337)521-7088

Request for Appeal of Expulsion Decision

Today's Date:	Student Name:
Grade:	School:
Age:	Parent/Guardian Name:
Contact Phone Numbers:	Contact Address:

I am formally requesting a review of the expulsion decision of my son/daughter for the following reason (s):

I do not feel that Due Process was afforded (i.e. You were not made aware of the disciplinary infraction your child committed, your child was not allowed to share his/her side of the story, you were not notified properly of the hearing or you were not allowed to present witnesses).

Explain: _____

I do not feel that the decision was based on the facts.

Explain: _____

I cannot provide transportation to the Alternative Site where my child is assigned.

I agree my child committed the act but would like for his punishment to be reduced.

Other (you must be specific and factual)

Explain: _____

Parent Signature: _____

Date: _____

<i>Office Use Only!</i>	
Date of Expulsion Hearing: Appeal within 5 day limit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Officer:
Expulsion Decision:	Administrator Present:
Appeal Accepted: YES NO	Date/Time of Board Hearing: