

# WINK-LOVING INDEPENDENT SCHOOL DISTRICT

## LEVEL THREE APPEAL NOTICE: REQUEST FOR REVIEW

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within ten days following the receipt of the date of the written Level Two response or, if no response, within ten days of the response deadline. Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Campus: \_\_\_\_\_

4. If you will be represented in voicing your appeal, please identify the person representing you.

Name: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

5. To whom did you present your appeal at Level Two? \_\_\_\_\_

Date of conference: \_\_\_\_\_

Date you received a response to the Level Two conference: \_\_\_\_\_

6. Please explain specifically how you disagree with the outcome at Level Two.

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

7. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

8. Attach a copy of the Level Two response being appealed, if applicable.

Student's or parent's/guardian's signature: \_\_\_\_\_

Signature of student's or parent's/guardian's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_