

WINK-LOVING INDEPENDENT SCHOOL DISTRICT

LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or next level of appropriate administrator within ten days of the date of the written Level One response or, if no response was received, within ten days of the Level One 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 complaint at Level One? _____

Date of conference: _____

Date you received a response to the Level One conference: _____

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

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

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

Student or parent/guardian signature: _____

Signature of the student's or parent's/guardian's representative: _____

Date of filing: _____