APPEAL OF COMMUNITY SERVICE ASSIGNMENT

Student's name: _____

School:_____ **Grade:**_____

I, (give your name)_____, wish to appeal the decision regarding the community service assignment given to my child for the following reasons:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please schedule a meeting to discuss this appeal. I understand that all fees will be suspended until a final decision has been reached, and that my child will be able to participate fully in all school activities during that time on the same basis as if the fees had been paid.

_____ Date: _____

(Signature of the person submitting the appeal)

USOE 7/4/95