



THE BOARD OF EDUCATION OF
SCHOOL DISTRICT NO. 39 (VANCOUVER)

NOTICE OF APPEAL

Date: _____

This document is to be completed by the Parent/Guardian & Student and delivered to the School Principal.

Name: _____

Address: _____

Phone No.: _____

INFORMATION REGARDING THE STUDENT

Name: _____

Birth Date: _____

Address: _____

School: _____

VSB EMPLOYEE WHOSE DECISION (OR FAILURE TO MAKE A DECISION) IS BEING APPEALED

Name: _____

School/Worksite: _____

Position: _____

DECISION BEING APPEALED: Please state the decision that was made (or was not made) that significantly affects the education, health or safety of the student in question.

DATE YOU WERE INFORMED OF DECISION UNDER APPEAL _____

REMEDY: Please explain the remedy/solution you are seeking. _____

The personal information on this form is collected by School District No. 39 (Vancouver) under Section 11 of the School Act, and will be protected under the Freedom of Information and Protection of Privacy Act.

For information about the Appeal procedure please consult the Vancouver Board of Education's *Parent and Student Appeal Guidebook*.

The detailed *Section 11 Appeal Procedure Bylaw* (Bylaw 2i) is also available for review at <http://www.vsb.bc.ca/district-bylaw/law-no-2-i-section-11-appeal-procedure>