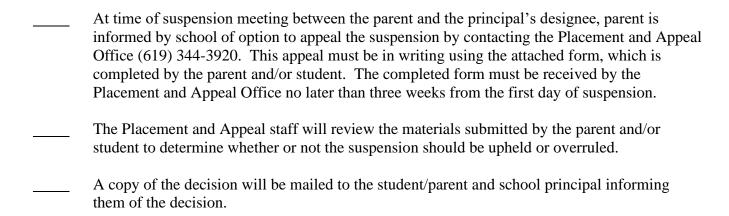
## PLACEMENT AND APPEAL OFFICE

## SUSPENSION APPEALS

Reference: BP 5144

## **Suspension Appeals Procedure Checklist**



## San Diego City Schools REQUEST FOR SUSPENSION APPEAL

(Reference: BP 5144)

TO:	PLACEMENT AND APPEA 4041 Oregon Street, #701 San Diego, CA 92104 Email: pa@sandi.net	AL OFFICE	DA	TE:	
FROM:	Parent/Guardian Name(s): _				
	Address:			Zip Code:	
	Telephone(s): Home: (	)	Work: (	)	
informal co complete the suspension deadline da	st level of appeal, the student a conference. If the principal sus his form and return it to the act. A copy of the "Report on State or without required document of Initial Suspension."	tains the suspension ldress noted above uspension" must be	on, the student and/o within three weeks e attached. If this fo	or parent/guardian may of the first day of orm is submitted after the	
administ involved	ed that the review on appeal rator proceeded within distr or make a determination on administrator.	rict guidelines. Th	nis office does not r	e-interview witnesses	
Student Na	nme:		Date of	Birth:	
School Name:			Grade:_	Grade:	
Suspension Dates: From: To:			Number	Number of days:	
Suspension	n Charge (i.e. 01e. Assault/Bat	ttery, 07b. Property	y-Theft):		
appropriate names, dat	OF COMPLAINT (Describe is or the procedure was not follows, and places of those involved ditional pages if necessary):	lowed properly by	the school administr	rator. Please include all	
-	·				

Request for Suspension Appeal Page 2

You can mail forms to:

Placement and Appeal 4041 Oregon Street, #701 San Diego, CA 92104

or email to: pa@sandi.net

 $(You \ will \ receive \ a \ reply \ from \ \underline{pa@sandi.net} \ to \ confirm \ the \ emailed \ "Request \ for \ Suspension \ Appeal" \ was \ received.)$ 

Contact Placement and Appeal Office at (619) 344-3920 if you have any questions.