

Today's Date: _____

LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or lack of a timely response after a Level One conference, please complete this form and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in FNG (LOCAL). Appeals will be heard in accordance with FNG (LOCAL) and or any exceptions outlined therein.

Parent/Guardian Name:	Home Phone:
Address:	Cell Phone:
Email Address:	Work Phone:
Name of Child (children):	Grade(s):
Name of School(s):	School Administrator Contacted:

1. If you will be represented in voicing your appeal, please identify the person representing you:
Name:
Address:
Telephone Number:

2. To whom did you present your complaint at Level One?
Name:
Date of Conference:
Date you received a response to the Level One conference?

3. Please explain specifically how you disagree with the outcome at Level One? Please attach Level One written response. What remedy are you seeking?

4. Please attach a copy of your original complaint and any documentation submitted at Level One.
5. Please 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: _____