

**BOARD OF EDUCATION  
School District #33 (Chilliwack)**

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**APPENDIX E  
4 - BYLAW  
Appeal Procedure**

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**NOTICE OF APPEAL – APPEAL PROCEDURE**

Pursuant to Section 11 of the *School Act* and Board Bylaw and Regulation, the appellant (parent and/or student) is requested to complete this notice of appeal form.

\_\_\_\_\_  
Name (student)

\_\_\_\_\_  
Name (parent/guardian)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

**Description of Decision Being Appealed and its effect on the student.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date person making appeal was advised of decision: \_\_\_\_\_

Name of employee who made the decision: \_\_\_\_\_

**Grounds for Appeal and Change(s) or Remedy Sought**  
*(you may attach additional pages if required):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Steps Taken to Date to Resolve the Issue ( ✓ )**

- |  |             |
|--|-------------|
| <input type="checkbox"/> Step 1: parent/student meeting with employee                | Date: _____ |
| <input type="checkbox"/> Step 2: parent/student meeting with school administration   | Date: _____ |
| <input type="checkbox"/> Step 3: parent/student meeting with district administration | Date: _____ |
| <input type="checkbox"/> Step 4: parent/student meeting with Superintendent          | Date: _____ |

**Employee's, Principal's or District Administrator's Comments**

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Are you requesting an oral hearing?       yes       no

If you require any special accommodations (ie interpretive services) please indicate below.

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or  
District Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent  
or Designate

\_\_\_\_\_  
Date

- Copy #1: Parent/Student**
- Copy #2: Employee**
- Copy #3: Superintendent**