

**Birdville Independent School District Disciplinary Appeal Form**  
**Student Services**  
**3120 Carson Street, Fort Worth, Texas 76117**  
**817-547-5790**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Name of Person filing appeal: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Date of Conference with Assistant Principal: \_\_\_\_\_

Date of Conference with Principal: \_\_\_\_\_

**Principal's**

**Decision:** \_\_\_\_\_  
\_\_\_\_\_

Please describe the details of the events surrounding the Disciplinary Action. You may provide copies of the student's disciplinary records or a specific disciplinary referral form. Please include dates, times and specific details of the incident involving the above named student. (You may attach copies of any written documentation that you would like to be considered in resolving this matter).

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

**Please state the specific resolution you are requesting:**

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

"I affirm that the above statement is the truth to the best of my knowledge."

\_\_\_\_\_  
Signature of Person Making Statement

\_\_\_\_\_  
Date

