



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: _____

Administrator 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



BELOW FOR BISD USE ONLY:

Hearing Level
(Circle One)

Decision of Hearing Officer
(Circle One)

- I II III

A. Adjust Campus Decision _____

B. Uphold Campus Decision _____

Hearing Officer Signature

Date

Person making Complain Contacted about decision by phone or letter: