

**Appeal against a decision to suspend or expel a student from a NSW government school**

Student's Name: \_\_\_\_\_

School attended: \_\_\_\_\_

Year or Grade: \_\_\_\_\_

Person making appeal: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Telephone numbers: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

**Please attach a copy of the notification of suspension from the school.**

This appeal is on the grounds that (please tick relevant box)

- a. correct procedures have not been followed
- b. an unfair decision has been made

**MAJOR REASONS FOR APPEALING (summary only)**

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

*(You may attach supporting documents to this form. It is important that all matters which you wish considered in the appeal are mentioned.)*

Signature of person making appeal: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist:**

- Have you attached a copy of the notification?
- Have you attached additional information?
- Have you completed all information on the form?
- Have you signed the form?

Please return this form, together with the attached information, to your regional office.