

PLACEMENT AND APPEAL OFFICE

SUSPENSION APPEALS

STUDENT DISCIPLINE GUIDELINES

Reference: BP 5144

Suspension Appeals Procedure Checklist

- _____ At time of suspension meeting between the parent and the principal's designee, parent is informed by school of option to appeal the suspension by contacting the Placement and Appeal Office (619) 344-3920. This appeal must be in writing using the attached form, which is completed by the parent and/or student. The completed form must be received by the Placement and Appeal Office no later than three weeks from the first day of suspension.

- _____ The Placement and Appeal staff will review the materials submitted by the parent and/or student to determine whether or not the suspension should be upheld or overruled.

- _____ A copy of the decision will be mailed to the student/parent and school principal informing them of the decision.

San Diego City Schools
REQUEST FOR SUSPENSION APPEAL
(Reference: BP 5144)

TO: PLACEMENT AND APPEAL OFFICE
4041 Oregon Street, #701
San Diego, CA 92104
Email: pa@sandi.net

DATE: _____

FROM: Parent/Guardian Name(s): _____

Address: _____ Zip Code: _____

Telephone(s): Home: () _____ Work: () _____

For the first level of appeal, the student and parent/guardian must meet with the school principal in an informal conference. If the principal sustains the suspension, the student and/or parent/guardian may complete this form and return it to the address noted above within three weeks of the first day of suspension. A copy of the "Report on Suspension" must be attached. If this form is submitted after the deadline date or without required documents, the appeal will not be considered. Reference BP 5144, "Appeal of Initial Suspension."

Be advised that the review on appeal will be limited to determining whether the site administrator proceeded within district guidelines. This office does not re-interview witnesses involved or make a determination on a witness' credibility, as that is within the discretion of each site administrator.

Student Name: _____ Date of Birth: _____

School Name: _____ Grade: _____

Suspension Dates: From: _____ To: _____ Number of days: _____

Suspension Charge (i.e. 01e. Assault/Battery, 07b. Property-Theft): _____

NATURE OF COMPLAINT (Describe in your own words the reasons you feel this suspension is not appropriate or the procedure was not followed properly by the school administrator. Please include all names, dates, and places of those involved so we can have a complete understanding of your complaint. **Attach additional pages if necessary**):
