NEW

SAN LEANDRO UNIFIED SCHOOL DISTRICT

E(2) 5131.8a

Cindy M. Cathey
Superintendent

Sheila Lawrence
Director

STUDENT SUPPORT SERVICES
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REQUEST FOR APPEAL
(Bullying)

(Please print or type all material except signature)

In accordance with Education Code Section 234.1 and the San Leandro Unified School District Board Policy [5131.8], we hereby request an appeal of the bullying complaint decision.

(NOTE: This Notice of Appeal shall be received by the Director's office for the San Leandro Unified School District **within 5 school days** following the resolution of the initial complaint.)

1. _____ Name of Pupil
2. _____ Birthdate
3. _____ Street Address City Zip Code
4. _____ Grade
5. _____ School
6. _____ Name of Parents/Guardian _____ Home Phone _____ Work Phone
7. Appellant's (pupil/parent/ legal guardian) understanding of reason(s) given by the Principal or designee for the decision (attach copy of Bullying Complaint Decision).

_____

_____

_____

_____

DRAFT

An appeal before the Superintendent or designee is not a hearing, but rather a procedural review of the evidence of the initial complaint and decision by the Principal or designee to determine if the decision was fair and reasoned. The initial complaint may be appealed only on one or more of the grounds listed in Section 8.

8. Why should the Bullying Complaint Decision be overturned? (Attach documentation, if any.)

A. Explain how the Bullying Complaint decision was not fair. (For example, was evidence from both sides considered or did the evidence support the conclusion reached?)

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B. Explain if there is new relevant evidence which could not have been produced at the time of the hearing or if there was relevant evidence which was improperly excluded at the hearing. (For example, how was it improperly excluded, why couldn't it be provided, what is the nature of the new evidence?)

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_____

_____

9. I hereby certify that this information is true and correct to the best of my knowledge by signing below:

_____ _____

Parent/Legal Guardian or Adult Student Date

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