

Today's Date: _____

LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or lack of a timely response after a Level Two conference, please complete this form and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in FNG (LOCAL). Appeals will be heard in accordance with FNG (LOCAL) or any exceptions outlined therein.

Parent/Guardian Name:	Home Phone:
Address:	Cell Phone:
Email Address:	Work Phone:
Name of Child (children):	Grade(s):
Name of School(s):	School Administrator Contacted:

1. If you will be represented in voicing your appeal, please identify the person representing you:
Name:
Address:
Telephone Number:
2. To whom did you present your complaint at Level Two?
Name:
Date of Conference:
Date you received a response to the Level Two conference?
3. Please explain specifically how you disagree with the outcome at Level Two?
4. Do you want the Board to hear this appeal in open session? (Please be aware that the Texas Open Meetings Act may prevent the Board from granting a request for open session.)
Please Circle: YES or NO
5. Please attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two Appeal Notice.
6. Please attach a copy of the Level Two response being appealed, if applicable.

Student or Parent/Guardian Signature: _____

Signature of the Student's or Parent's/Guardian's Representative: _____

Date of filing: _____