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|  | <p><i>Mid-Valley Special Education Cooperative</i> <i>Lisa Palese</i> Executive Director 1304 Ronzheimer Avenue St. Charles, IL 60174 Phone: 331-228-4858</p> |  |
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DATE:

TO: Mid-Valley Special Education Cooperative Administrative Building

1304 Ronzheimer Avenue
 St. Charles, IL 60174

FROM: Parent/Guardian Name(s): _____

Address: _____ Zip Code: _____

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

A student or parent/guardian may appeal a student's suspension after the suspension is issued. The student and parent/guardian must meet with the school principal or other administrator in an informal conference. If the administrator sustains the suspension, the student and/or parent/guardian may complete this form and return it to the address noted above. For the appeal to be considered, this form needs to be fully completed.

Student Name: _____ Date of Birth: _____

School Name: _____ Grade: _____

Suspension Dates: _____ to _____

Days: _____

Suspension Charge (i.e., Assault/Battery, Theft):

Date of informal conference with administrator: _____

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):