

**HAYS CISD
LEVEL TWO EXPULSION APPEAL FORM**

To file a formal appeal, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to _____ within 10 days of receiving the written expulsion decision. An appeal that is incomplete in any material way may be dismissed. All complaints will be heard in accordance with District policy FOD (LOCAL).

Parent Name: _____ Student Name: _____
Campus: _____ Address: _____
Phone number: _____

If you will be represented during the expulsion appeal process, please identify your representative.

Name: _____
 Attorney Address: _____
 Family member _____
 Other: _____ Phone number: _____

When was the expulsion hearing held? _____
Who conducted the expulsion hearing? _____
When did you receive written notice of the expulsion decision? _____
How did you receive the notice of the expulsion decision? Check one:
 Hand-delivery Regular U.S. mail Certified U.S. mail

Explain in detail why you disagree with the expulsion decision: _____

What remedy or relief are you asking be granted at Level Two? _____

List and attach any supporting documents that you believe support your appeal: _____

Student or parent signature: _____

Signature of representative, if applicable: _____

Date appeal filed: _____