

**HAYS CISD**  
**LEVEL THREE EXPULSION APPEAL FOR CONSIDERATION BY THE BOARD OF TRUSTEES**

To file a formal appeal, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent within 10 days of receiving the written Level Two 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 Level Two Conference held? \_\_\_\_\_

Who conducted the Level Two conference? \_\_\_\_\_

When did you receive written notice of the Level Two decision? \_\_\_\_\_

How did you receive the notice of the Level Two decision? Check one:

Hand-delivery       Regular U.S. mail       Certified U.S. mail

Explain in detail why you disagree with the Level Two decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What remedy or relief are you asking the Board to grant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student or parent signature: \_\_\_\_\_

Signature of representative, if applicable: \_\_\_\_\_

Date appeal filed: \_\_\_\_\_