

KNOX COUNTY SCHOOLS

NOTICE OF APPEAL OF LONG-TERM SUSPENSION/EXPULSION
(For Suspensions and Expulsions of Five (5) Days or More)

TO: Disciplinary Hearing Authority
Knox County Schools
P.O. Box 2188
Knoxville, TN 37901-2188

FROM: _____
School

Street and/or Route Number

Post Office Zip Code

Phone Number

Please be advised that on the _____ day of _____, _____, the undersigned received notification that a long-term suspension from school imposed upon the student _____ is being appealed. On the _____ day of _____, _____, the student was found to have committed the following act or acts:

In accordance with the rules and regulations and procedures adopted by the Board of Education, those acts were determined to be in violation of the following school rules and/or regulations:

For violation of the above-listed rules, a long-term suspension from school of _____ days was imposed.

Please find enclosed herein a copy of a Notice of Disciplinary Hearing and a Notice of Suspension

Date Signature of Principal or Assistant Principal

THIS SECTION TO BE COMPLETED BY PERSON REQUESTING THE APPEAL.

Board of Education policy allows the parent, guardian or student to appeal expulsions or long-term suspensions of 5 days or more to the Disciplinary Hearing Authority, provided the parent/guardian/student/or person designated by the student notifies the principal and signs this Appeal Form within 5 days of the principal's decision, stating the reasons for the appeal. The principal shall, as soon as possible, notify the Disciplinary Hearing Authority. However, the appeal shall not delay the effective date of the suspension from school.

Print Name – Student/Parent/Guardian

Street and/or Route Number

City, State Zip Code

(Home) / Phone Number(s) (Work)

- NO, I do not wish to appeal.
- YES, I want to appeal.

Reason for Appeal:

Signature of Person Making Appeal Date Signed

Original – Disciplinary Hearing Authority
Copy – Parent/Guardian
Copy – Principal/ Student file