

## APPENDIX ONE- APPEAL AGAINST A DECISION TO SUSPEND OR EXPEL FORM

### Appeal against A DECISION TO SUSPEND OR EXPEL A STUDENT FROM SCHOOL

Student's Name:		Person appealing:	
Relationship to Student:		Contact number:	

This appeal is because (tick relevant statement)

- Correct procedures have not been followed
- An unfair decision has been made

#### Significant reasons for appealing (please state the reasons)

Please attach supporting documentation to this form.

Signature of person making appeal:

Date:

Email to: [shukri.sanber@holysaviour.nsw.edu.au](mailto:shukri.sanber@holysaviour.nsw.edu.au)