



**Waxahachie Independent School District**

411 N. Gibson Street • Waxahachie, TX 75165 • (972) 923-4631 Phone • (972) 923-4759 Fax • www.wisd.org

**NOTICE OF APPEAL: LEVEL TWO**

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent within the time established in FNG(LOCAL). Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

3. Campus: \_\_\_\_\_

4. If you will be represented in voicing your appeal, please identify the person representing you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

5. To whom did you present your complaint at Level One? \_\_\_\_\_

6. Date of conference: \_\_\_\_\_

7. Date you received a response to the Level One conference: \_\_\_\_\_

8. Please explain specifically how you disagree with the outcome at Level One or whether the time for a response to your Level One complaint has expired.

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

9. Attach a copy of your original complaint and any documentation submitted at Level One.

10. Attach a copy of the Level One response being appealed, if applicable.

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

Signature of the student's or parent's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Method of filing: \_\_\_\_\_

Name of person receiving filing: \_\_\_\_\_

*Complainant, please note:*

*This appeal notice must be filed within ten days of the date of the written Level One response or, if no response was received, within ten days of the Level One response deadline.*