CASTRO VALLEY UNIFIED SCHOOL DISTRICT

TO: Director, Student Services Office Attn: >|a ? Ybff]g 4400 Alma Ave. Castro Valley, CA 94546

REQUEST FOR APPEAL (Bullying)

(Please print or type all materials except signature)

In accordance with Education Code Section 234.1 and Castro Valley Unified School District Board Policy 5131.2, we hereby request an appeal of the bullying complaint decision.

(NOTE: This Notice of Appeal shall be received by the Superintendent's designee for the Castro Valley Unified School District within 15 Calendar days following the resolution of the initial complaint.)

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Name of Pupil		4.	Birthdate
Street Address, City, Zipcode			Grade
School of Residence		_	
Name of Parents/Guardian	Home Phone		Work Phone
Appellant's (pupil/parent/guardian) un decision (attach copy of Bullying Comp	nderstanding of reason (2) given by the Prolaint Decision).	rincipa	or designee for t
evidence of the initial complaint and de	or designee is not a hearing, but rather a p ecision by the Principal or designee to det t may be appealed only on one or more of	termine	if the decision w
	ecision be overturned: (Attach document ecision was not fair. (For example, was ev t the conclusion reached?)		
		t the ti	ne of the hearing
t there was relevant evidence which w	ras improperly excluded at the hearing. (F be provided, what is the nature of the nev	For exa	mple, how was it
it there was relevant evidence which w	as improperly excluded at the hearing. (F	For exa	mple, how was it
improperly excluded. Why couldn't it	as improperly excluded at the hearing. (F	For exa w evide	mple, how was it