



Date of Event:	DD/MM/YYYY		
Name of Appellant:		Relation of Appellant to Student:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Student Name:		School:	
Phone No.:		Pick-up/drop-off locations:	
E-mail:		Route No.:	
Home Address:		Edulog ID No.:	

Reason for Appeal (mark "x"):

Breach of Policies / Procedures

Safety Concern / Health Hazard

New Information / Facts to Consider

Extenuating Circumstances

Other - describe:
Click here to enter text.



Brief description of appeal:

Describe your complaint and specify, if relevant, which policies and/or procedures were not followed or what new information/facts pertinent to your initial complaint should be considered?
If relevant, describe what safety concern, health hazard or extenuating circumstances that have a negative impact on your situation exist if your appeal is not resolved as expected.

Describe attempts at resolution: With whom did you talk? When? What was the outcome?
What resolution are you expecting?

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Appellant's Signature