APPENDIX G

Notice of Appeal of Exclusion

(to be submitted to the Director of Education within 10 school days of commencement of exclusion)

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

1. Appellant Information

Name of Appellant: _____

☐ Parent/Guardian

☐ Student (18 years or older or withdrawn from parental care)

Address: _____

Phone Number: _____

Email: _____

2. Exclusion Details

Date Exclusion Began: _____

Date of Exclusion Letter: _____

Principal/Vice-Principal: _____

3. Grounds for Appeal

Please state why you are appealing the exclusion. Include specific reasons, facts, or supporting evidence. Attach additional pages if required.

4. Supporting Documentation

- ☐ Behaviour Support Plan
- ☐ Copy of Exclusion Letter
- ☐ Individual Education Plan
- ☐ Letters of Support (e.g., agency, professional, or personal)
- ☐ Medical Documentation
- ☐ Safety Plan
- ☐ Other: _____

5. Behaviour/Social-Emotional Supports

- ☐ Behaviour Support Plan updated
- ☐ Daily check-ins with a caring adult
- ☐ Individual Education Plan updated
- ☐ Safety Plan updated
- ☐ Other: _____

6. Desired Outcome

What are you asking the Appeal Committee to decide?

7. Representation

Will you be represented or accompanied during the appeal hearing?

- ☐ No, I will be attending on my own
- ☐ Yes, I will be accompanied by legal counsel
- ☐ Yes, I will be accompanied by an advocate/support person
- ☐ Yes, I will be accompanied by an interpreter

  Required language: _____
- ☐ Other: _____

8. Declaration

I hereby submit this Notice of Appeal of the exclusion of the student named above. I confirm that the information provided is accurate to the best of my knowledge.

Name of Appellant: _____

Signature of Appellant: _____

Date: _____

This Notice of Appeal must be submitted to:

Director of Education (or Designate)
District School Board Ontario North East
153 Croatia Avenue
Schumacher, ON
P0N 1C0