_____
(Date of Letter)

_____
(School Administration)

_____
(School Name)

_____
(Street Address)

_____
(City, State and Zip Code)

RE: Notice of Appeal

Attn: School Administrator

Dear School Administrator:

On the _____day of _____ (month/year), a decision was rendered relative to _____ (describe content of decision). This decision has a direct effect upon _____(name of child or children). It is the undersigned's opinion that the action taken was inappropriate and, for that reason, an appeal of the schools' decision is hereby requested. Kindly provide information relative to your appeal process and, in that regard, please provide copies of all written documentation that sets forth the requirements relative to such an appeal. Should you have any questions pertaining to this request, kindly contact the undersigned as soon as possible. Thank you.

Very truly yours,

_____
(Signature)

_____
(Address)

_____
(City, State and Zip Code)

_____
(Phone Number)