



Christ the Teacher Catholic Schools

Board Policy Appendix BP13.1

General Appeal Procedure

Date:	
Appellant Name:	
Address:	
Telephone Number:	
Student's Name(s) (if applicable):	
School:	
Grade Level:	
Description of the decision being appealed and the action requested:	
Relevant Administrative Procedure (AP) or Board Policy (BP) related to this decision:	
Name of CTTCS employee(s) that made the decision:	
Date appellant was informed of the decision being appealed:	
Description of steps the appellant has taken to discuss the matter directly with the person who made the decision or with other school or division employees (as per AP 151) and/or AP 300):	

Required Considerations

This appeal is being initiated within 14 days of being informed of the decision by the Director.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The appellant has first tried to resolve the issue as per AP-151 and/or AP-300.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

One or More of the Following Considerations Must Be Met

The decision does not demonstrate procedural fairness in terms of Board Policy and/or approved Administrative Procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The decision does significantly impact the student's education, health or safety and is deemed to be an exceptional situation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New information is being presented.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Appellant:	
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This section to be completed by the Board.

Appeal Approved

Appeal Denied

Rationale for Denial:

Signature for the Board: _____ Date: _____