

**Annapolis Valley Regional School Board
REQUEST FOR IPP APPEAL HEARING**

Student Information:

Name: _____ DOB.: _____

School: _____ Homeroom Teacher: _____

Phone (H): _____ Legal Guardian(s): _____

Appeal:

I, hereby, confirm that I am a member of the Individual Program Planning Team for the above-named student and wish to appeal the outcomes and/or placement for this student, as stated in the Individual Program Plan.

I attach documentation to support my reasons for appeal and I, hereby, request the scheduling of an Appeals Committee hearing on this matter.

Appellant Name: _____ Phone: _____

Mailing Address: _____

Relationship to Student: _____

Appellant Signature: _____ Date: _____

MAIL ORIGINAL DOCUMENT TO:

Superintendent of Schools
AVRSB, PO Box 340
Berwick, N.S. BOP 1E0

OFFICE USE:

Date Received: _____

Copies: Original to Superintendent of Schools
Student Confidential Records Envelope
Principal, Originator, Coordinator of Student Services