

**EASTERN TOWNSHIPS
SCHOOL BOARD**

Title:

**PROCEDURE FOR THE RECONSIDERATION OF A
DECISION - FORM**

Source:

Secretary General

Reference Number:

P023-2

**REQUEST
FOR THE RECONSIDERATION OF A DECISION
CONCERNING A STUDENT
(Sections 9 to 12 - *Education Act*)**

Name of the student: _____

Date of birth of student: ____ / ____ / ____ Age: ____
 year month day

Address: _____

Telephone: _____

School or Centre: _____

Grade/Class/Program: _____

Name of parent(s) (if applicable): _____

Name of the author of the contested decision: _____

Date the decision was taken: _____

Details of the decision: _____

Describe the reason(s) for the request to reconsider the decision:

Signed : _____ Date: _____

Return the completed form to:

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