

**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:

Mrs. Chantal C. Beaulieu, Secretary General  
Eastern Townships School Board  
101, rue Du Moulin, Bureau 205, Magog QC J1X 6H8  
e-mai : [beaulieuc@etsb.qc.ca](mailto:beaulieuc@etsb.qc.ca)

**Telephone : (819) 868-3106 Fax : (819) 868-2286**