



Rochester Board of Education Suspension Appeal Form

Name of Student _____ Student ID _____

School _____ Grade _____

Parent/Guardian Name _____

Current Address _____
Street City State Zip

Current Phone Number _____
Home Phone Cell Phone

Current Email Address _____

Date of Suspension _____

Place an X by the reason for appeal.

- Excessive Penalty
 Disagree with Decision
 Other _____

**You must provide a detailed description of the reason for appeal.
(Attach a separate sheet if more space is needed.)**

Requester Name

Date

Return this form and supporting documentation (if applicable) to:

Email: BOE-SuspensionAppeal@RCSDK12.org

Or

US Mail:

Attn: Suspension Appeal
Board of Education
131 West Broad Street
Rochester, New York 14614