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