## APPEAL OF COMMUNITY SERVICE ASSIGNMENT

Student's name:	
School:	Grade:
I, (give your name)	, wish to appeal the
decision regarding the community serv	ice assignment given to my child for the following
reasons:	
Please schedule a meeting to discuss	s this appeal. I understand that all fees will be
suspended until a final decision has	been reached, and that my child will be able to
participate fully in all school activities	s during that time on the same basis as if the fees
had been paid.	<u> </u>
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	Date:
(Signature of the person submitting the	appeal)

USOE 4/17/06