CITIZENS APPEAL FORM *LEVEL I (Principal/School Administrator)

	COUNTY SCHOOLS	
specified at 126CSR188, 4.1.1. Treviewed prior to submitting a form	only after an informal conference with the princ The appeal procedure approved by the West Virg mal appeal. Copies are available at the Office of the education and at each public school.	ginia Board of Education should be
CITIZEN(S) MAKING APPEAL		
Name	Address	Phone
Name	Address	Phone
(Note: If more than two citizens ar side of this form.)	re filing the appeal, the names, addresses and sign	atures are to be given on the reverse
regulation of the State Board of	f Education claimed to have been violated:	
In the space provided below brief be corrected. (Additional information	Ty describe the problem or concern, how it affect	ts you, and how you think it should
(
Date		Signature(s)

Additional Aggrieved Citizens

1.		
	Name	Phone
	Address	Signature
2	Name	Phone
	Address	Signature
3	Name	Phone
	Address	Signature
4	Name	Phone
	Address	Signature
5	Name	Phone
	Address	Signature
6	Name	Phone
	Address	Signature

CITIZENS APPEAL FORM *LEVEL II

(County Superintendent of Schools)

-	COUNTY SCHOOLS		
fifteen days after receiving greatly in content or wordin	e considered, it must be presented to the the decision from Level I. While the ori g, additional supportive information ma to this form before forwarding it to the	iginal claim may not be altered by be provided. Please attach a	
CITIZEN(S) MAKING AP	PEAL		
Name	Address	Phone	
Date		Signature(s)	

Note: Upon receipt of this appeal, the county superintendent or his/her designee(s) shall have a conference with the citizen(s) in an attempt to resolve the appeal and a written decision will be rendered as specified at 126CSR188, 4.2.

CITIZENS APPEAL FORM *LEVEL III (County Board of Education)

COUNTY SCHOOLS
00011110011001

*For a Level III appeal to be considered by the county board of education, it must be presented to the county superintendent within fifteen days after receiving the decision from Level II. While the original claim may not be altered greatly in content or wording, additional supportive information may be provided. Please attach a copy of the decisions rendered at Levels I and II to this form before forwarding it to the county superintendent.

CITIZEN(S) MAKING		Disease	
Name	Address	Phone	
Name	Address	Phone	
Date		Signature(s)	
Request for Hearing			
Citizen(s) are entitled to a Level III appeal is filed.	hearing before the county board of educ	ation if requested at the time the	
/we do, do not	request a hearing before the c	county board of education.	
Date		Signature(s)	

CITIZENS APPEAL FORM *LEVEL IV

(State Superintendent of Schools)

		COUNTY SCHOOLS	5
decision may be app shall include with the decisions at all lower of all information pot to the county supering	pealed to the State Superi his form a statement of levels, available transcr rovided the State Superir ntendent of schools. NO	e decision of the county board ntendent of Schools, if filed wit basic facts related to the appeal ripts of hearings, and any other st tendent shall, at the same time, I TE: An appeal cannot be heard and the State Board of Education has	hin thirty days. The citizen(s) plus copies of the appeal and upportive information. A copy be transmitted by the citizen(s) at Level IV if a specific violation
CITIZEN(S) MAR	XING APPEAL		
Name		Address	Phone
Name		Address	Phone
		<u>versus</u>	
RESPONDENT			
County 1	Board of Education	Cou	nty Superintendent
hearing officer. I/we do, do designated hearing of I/we do hereby swea a copy of this Level	o not request a officer on this appeal. ar that the matters set for	be conducted by the State Supering before the State Supering the in this appeal are true insofarying information has been proved.	ntendent of Schools or his/her as is known. I/we certify that
of schools. Date	Signature	Date	Signature