

**NOTICE OF EXPULSION APPEAL****DALLAS SCHOOL DISTRICT #2**

Dallas, Oregon 97338

The undersigned hereby requests a School Board review of the hearing officer's decision in the following expulsion case:

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Date of Expulsion Hearing Decision: \_\_\_\_\_

**Grounds for Appeal:** Please explain specifically why you believe the decision of the hearings officer should be modified or reversed. You may attach additional pages if necessary.

Dated this \_\_\_\_\_ of \_\_\_\_\_ 200\_\_\_\_.

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student's Representative or Student if  
18 years of age or older.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

**This notice of appeal should be delivered to the Office of the Superintendent of Dallas School District, 111 SW Ash Street, Dallas, Oregon, not later than fifteen (15) calendar days after the decision.**