



**MONTGOMERY
PUBLIC SCHOOLS**

Suspension Appeal Form

(To include Out of School/Bus Suspensions)

Office of Student Support

Date: _____ Student's Name: _____

School Name: _____

Does the student receive Special Education Services? (____ Yes) (____ No)

Does the student have a 504 plan? (____ Yes) (____ No)

DOB: ____/____/____ Age: _____ Grade: _____ Last four digits of the student's Social Security No. _____

TO WHOM IT MAY CONCERN:

My child was suspended on _____ from _____ for the period of time indicated below. (Date) (School/ Bus #)

Length of Suspension: _____ Dates of Suspension: From ____/____/____ To ____/____/____

I am appealing:

- ☐ The Principal's Decision to Suspend my Child
☐ Information written on the office referral

for the following reason(s): _____

and would like the committee to consider: _____

Parent/ Legal Guardian Printed Name: _____

Parent/ Legal Guardian Signature: _____

Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____

A copy of the referral must be attached to this appeal. All appeals must be hand-delivered to the address listed below or mailed via U.S. Postal Service within five (5) school days of the suspension. Faxed or emailed appeals will not be accepted.

**Suspension Appeal form is for Out-of-School/ Bus Suspensions only. Does not apply to due process suspensions.*

Montgomery Public Schools Office of Student Support Services
321 Early Street, Montgomery, AL 36104
Phone: 334.223.6850