STUDENT/PARENT DISCIPLINE APPEAL FORM: LEVEL THREE APPEAL

This form is for the specific purpose of appealing a student's out-of-school suspension (OSS), placement in the LISD Disciplinary Alternative Education Program (DAEP), or expulsion to the Denton County Juvenile Justice Alternative Education Program (JJAEP).

To appeal the Level Two decision of the District Discipline Review Committee, please fill out this form completely and submit it to the Director of Student Services within <u>three (3) school days</u> of the Level Two decision, by one of the following methods:

- Scan and email to <u>clarkrj@lisd.net</u>
- Submit in person to the Lewisville ISD Administrative Center 1565 W. Main St., Lewisville, TX 75067; or
- Fax to 214-626-1870.

1. Student Name:		
Parent Name:		
	Email:	
LISD campus where student was	enrolled at time of disciplinary placement:	
2. If you will be represented in thi	is appeal hearing, please identify the person representing you:	
Name:	Title:	
Telephone number:	Email:	
3. Please indicate which type of	discipline was issued to your child and the number of days assig	gned:
OSS Days:	DAEP Days: JJAEP Days:	
4. Level Two appeal with the Dist	trict Discipline Review Committee:	
Date of hearing:	Date you received the committee decision in writing:	

Amendment to the Level One appeal is prohibited and a Level Three appeal will be limited to this information. All information from the Level One appeal that was also included at Level Two will be included for review at the Level Three hearing. The Office of the Chief Schools Officer or the Superintendent will contact you to schedule a Level Three appeal hearing. The hearing will be with the LISD Board of Trustees at an upcoming Board meeting.

Your child is required to serve the disciplinary placement as assigned while this appeal process is pending – filing an appeal does not postpone the placement. The appeals process is only afforded to students who are enrolled in LISD or JJAEP. If a student is withdrawn prior to a requested or scheduled appeal hearing, the hearing will be canceled.

Parent Signature:	Date appeal filed:
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