



Together we inspire
Together we learn
Together we achieve



STUDENT REPRESENTATION APPEAL FORM

Please complete and submit this form to the office at least 1 week prior to the activity.

Name:

Year:

Date of suspension/s:

Suspension length:

Reason for suspension:

School Representation Activity:

Date of activity:

Student Comment: (be specific)

Student signature:

Date:

Organising teacher comment:

Organising teacher signature:

Date:

Parent comment:

Parent signature:

Date:

Appeal decision:

HT/AP:

Principal:

Date:

Copy given to HT/AP, P, organising teacher, student file, student

At Yeoval Central School we inspire all to be responsible, respectful learners. Working together to achieve and grow.