

Mobile County Public Schools Suspension Appeal Form

Date: _____

Student's Name: _____

DOB: ___/___/___ Age: _____ Grade: _____ SSN: _____

School: _____

TO WHOM IT MAY CONCERN:

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

PLEASE CHECK ONE OF THE PERIODS OF TIME OR GIVE THE NUMBER OF
DAYS STUDENT IS SUSPENDED.

- Number of Days: _____
- Rest of Semester

I am appealing the principal's decision to suspend my child because:

and I would like for the committee to consider:

(Requested action/outcome of hearing)

Please schedule a date and time for us to meet with the Discipline Committee.

Signature: _____

Address: _____

City/Zip: _____

Home #: _____ Cell #: _____

You may mail or fax this form to: Mobile County Public Schools
Student Support Services
Attn: Pam Moorer
P.O. Box 180069
Mobile, AL 36618
Phone: 221-4255 Fax: 221-4263
email: pmoorer1@mcpss.com