

The School District of Philadelphia  
440 North Broad Street  
Philadelphia, Pennsylvania 19130

**Appeal Form**

Parent/Guardian Name: \_\_\_\_\_

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

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SID#: \_\_\_\_\_

Grade: \_\_\_\_\_

Telephone Number of Parent:

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Email address of parent:

\_\_\_\_\_

Name of School:

\_\_\_\_\_

Name of Office or Person who made the decision:

\_\_\_\_\_

**Please check the reason for your appeal:**

- III.1 Disciplinary Transfers
- III.2 Programmatic Transfers
- III.3 Neighborhood School Transfers
- III.4 School Section
- III.5 Homelessness Designation
- III.6 Parental Exclusion Letters
- III.7 Bullying/Harassment Findings

**What decision are you appealing?**

**What outcome are you seeking?**

**Please attach all documentation that supports the outcome you are seeking:**

**What other supports does your child receive in school:** *(Check appropriate box)*

- 504 Service Agreements
- Individualized Education Plan (IEP)
- School Therapeutic Services (STS)
- English Language Learners (ELL)