CASTRO VALLEY UNIFIED SCHOOL DISTRICT

TO: Director, Student Services Office Attn: Rinda Bartley 4400 Alma Ave. Castro Valley, CA 94546

REQUEST FOR APPEAL (Bullying)

(Please print or type all materials except signature)

In accordance with Education Code Section 234.1 and Castro Valley Unified School District Board Policy 5131.2, we hereby request an appeal of the bullying complaint decision.

(NOTE: This Notice of Appeal shall be received by the Superintendent's designee for the Castro Valley Unified School District within 15 Calendar days following the resolution of the initial complaint.)

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Name of Pupil			4	Birthdate
Street Address, City, Zipcode				Grade
School of Residence				
Name of Parents/Guardian		Home Phor	ie	Work Phone
Appellant's (pupil/parent/guardian) und decision (attach copy of Bullying Comp		ason (2) given	by the Princ	ipal or designee for t
An Appeal before the Superintendent or evidence of the initial complaint and de fair and reasoned. The initial complaint Section 8.	cision by the Prir	cipal or design	ee to determ	nine if the decision w
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