



REQUEST FOR THE RECONSIDERATION OF A DECISION AFFECTING A STUDENT

**STUDENT'S IDENTIFICATION**

FAMILY NAME ..... FIRST NAME .....

STUDENT'S PERMANENT CODE .....

FILE # .....  
DATE: .....

PARENT'S NAME .....

FATHER

MOTHER

LEGAL GUARDIAN

ADDRESS ..... POSTAL CODE .....

TELEPHONE HOME (.....) ..... WORK (.....) ..... CELL (.....) .....

SCHOOL ATTENDED ..... SCHOOL TELEPHONE .....

LEVEL .....

PRINCIPAL .....

**NATURE OF THE REQUEST**

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**INSTRUCTION:** THIS FORM ONCE COMPLETED AND SIGNED WILL BE SENT TO THE SECRETARY GENERAL OF THE SIR WILFRID LAURIER SCHOOL BOARD.

