



COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

 **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

.....
.....
.....
.....
.....
.....
.....
.....

INSTRUCTION: ONCE COMPLETED AND SIGNED, THIS FORM WILL BE SENT TO THE SECRETARY GENERAL OF THE SIR WILFRID LAURIER SCHOOL BOARD, M^{re} ANNA SOLLAZZO, AT THE FOLLOWING EMAIL ADDRESS: JTHOMPSON@SWLAURIERSB.QC.CA.

