



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 MOTHER	LEGAL GUARDIAN				
ADDRESSP	OSTAL CODE				
TELEPHONE HOME () WORK ()	CELL. ()				
SCHOOL ATTENDED SCHOOL TE	SCHOOL TELEPHONE				
LEVEL					
PRINCIPAL					
NATURE OF THE REQUEST					

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

STUDENT'S NAME				
	FAMILY NAME		FIRST	NAME
NATURE OF THE REQUES	ST (cont'd)			
ATTACH ADDITIONAL PAGE IF I	NECESSARY.			
			Signature	
		FATHER \square	MOTHER \square	LEGAL GUARDIAN