



Important Notice

Please read the information below before completing this application form.

You may appeal a school board decision to expel a pupil if you are a:

- (a) pupil's parent or guardian, unless the pupil is at least 18 years old or is 16 or 17 years old and has withdrawn from parental control;
- (b) pupil at least 18 years old; or
- (c) pupil 16 or 17 years old and has withdrawn from parental control.

You must submit this application form to the Child and Family Services Review Board (CFSRB) **within thirty (30) days of receiving written notice of the school board's decision to expel a pupil.**

Instructions

1. Please complete the form as specified
2. Sign and date the form at the bottom
3. Fax, mail or deliver the form to the address below:
 Child and Family Services Review Board
 2 Bloor Street West, 24th Floor
 Toronto, ON M4W 3V5
 Telephone: 416 327-4673 or Toll Free 1 888 728-8823
 Fax: 416 327-0558

1. Applicant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name	First Name
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Are you a:

- parent or guardian
- pupil

Street Number	Street Name	Suite/Unit/Apt.
City/Town		Postal Code
Province		
Telephone Number		
Day: ()		Evening: ()

2. Pupil Information

Last Name	First Name	Middle Name
Date of birth	Name of school pupil was attending at time of expulsion	

3. School Board Information

School Board Name	Telephone Number ()	Date of the decision
Street Number	Street Name	Suite/Unit/Apt.
City/Town		Postal Code
Province		

4. The expulsion is:

- From the pupil's school only
- From all schools of the School Board

5. Please attach a copy of the following documents to this form

- Decision of School Board to expel a pupil
- Your response to Principal's Report, if any

6. Please state the date you received written notice of the school board's decision to expel a pupil

Date notice of decision was received: _____

7. Please explain why you disagree with the School Board's decision. Please be as specific as possible.
Use the space below and attach additional pages if necessary.

8. Please indicate what you are asking the CFSRB to do

If the School Board's decision was to expel the pupil from his or her school only:

Overturn the decision and reinstate the pupil to his or her school

If the School Board's decision was to expel the pupil from all schools of the School Board:

Change the expulsion to an expulsion from the pupil's school only

Overturn the expulsion and reinstate the pupil to his or her school

Order that any record of the expulsion be removed or amended

9. Will you need any of the following services at the hearing

Interpreter No Yes Language _____ Dialect _____

Sign Language Interpreter No Yes

Wheelchair Access No Yes

Other (please specify) _____

10. Signature of the Applicant (Note: This form must be signed)

Signature

Date

Notice Regarding the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)

The Child and Family Services Review Board collects the personal information requested on this form for the purpose of conducting an appeal under the legal authority of section 311.7 of *the Education Act*. It will be shared with the School Board. If you have any questions, please contact a Case Coordinator with the Child and Family Services Review Board at 416 327-4673 or Toll Free 1 888 728-8823.

For Office Use Only

File Number

Date Application Received by CFSRB