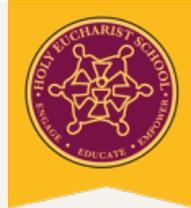


# HOLY EUCHARIST SCHOOL

## Expulsion of Students Appeal Form



This form is to be completed by the student and parents/guardians/carers/relevant persons who wish to appeal an expulsion decision made by the Holy Eucharist School Principal.

This form must be received by the designated MACS Regional General Manager within 10 business days of receiving the *Notice of Expulsion of Students*.

It is important that you keep a copy of this form for your records.

School Information	
School name:	
Principal:	

Student Information			
Name:			
Date of birth:			
Gender:			
Year level:			
Phone:		Email:	

Parents/guardians/carers/relevant persons Information			
Name:			
Address:			
Phone:		Email:	
Support needs:	<i>Do you or your child require any specific assistance to participate in a meeting?</i>		

**Expulsion Information**

Expulsion commencement date:	
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**Background Information**

*Please provide brief details of the circumstances leading to the expulsion decision by the Principal:*

**Reason/s for the Appeal**

There have not been sufficient interventions and strategies utilised prior to the decision to expel where the student has a history of behavioural issues.

Yes/No

The grounds on which the student has been expelled are unfair.	Yes/No
The expulsion process was not followed by the Principal.	Yes/No
Other extenuating circumstances.	Yes/No

Parents/guardians/carers/relevant persons' signature: \_\_\_\_\_

Student signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_