Appeals Form

Today's Date: _____

NAME OF STUDENT: _____

Student ID: _____

Student's Email: _____

Student's Mobile: _____

Class &Teacher Name: _____

#What decision are you appealing?:

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(Please attach documents if applicable)

Ability Education to complete the following section

*Summary or Action taken:

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Rectified? ( ) Yes ( ) No

Rectified by:_____ Date_____

Entered in Ebecas by:

* General Manager	Date:	Initial:
# Student Services Manager	Date:	Initial: