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

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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 REQUEST (cont'd)

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ATTACH ADDITIONAL PAGE IF NECESSARY.

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Signature

FATHER ☐ MOTHER ☐ LEGAL GUARDIAN ☐

FOR USE BY THE SECRETARY GENERAL File # .....

STUDENT'S NAME ....
FAMILY NAME FIRST NAME

STEPS TAKEN BY THE PARENT IN AN ATTEMPT TO SOLVE THE PROBLEM

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STUDENT'S NAME ....

FAMILY NAME FIRST NAME

FOLLOW-UP BY THE SECRETARY GENERAL	deadline

REQUEST FOR THE reconsideration OF A DECISION
affecting a student

LOG

…… …… ……

STUDENT'S FAMILY NAME **FIRST NAME** **NATURE OF REQUEST**

DATE	FOLLOW-UP	COMPLETED

REQUESTS FOR THE RECONSIDERATION OF A DECISION AFFECTING A STUDENT R					
FILE NUMBER	DATE	STUDENT'S NAME	PARENT'S NAME	SCHOOL	