

Date:

RE: SAFE Act – Suspension / Expulsion Appeal

Child's name: _____

Current address of the child: _____

Child's school: _____

Principal of child's school: _____

Dear _____ (principal):

I am appealing my child's SUSPENSION / EXPULSION (**circle one**), based on the protections afforded to them under the SAFE Act for children in prekindergarten – 3rd grade.

The reason for this appeal is that _____ (name of child):

(Check as many reasons below as you need)

<input type="checkbox"/>	Did not bring a gun to school*.
<input type="checkbox"/>	Did not bring a knife capable of causing serious bodily injury to school*.
<input type="checkbox"/>	Did not make a bomb threat.
<input type="checkbox"/>	Did not engage in a crime that would result in serious bodily harm if committed by an adult.
<input type="checkbox"/>	Did not engage in other acts that caused an immediate threat to the safety of students, teachers, and school staff.

* "school" includes any school function or school sponsored activity

<input type="checkbox"/>	I am also concerned that no one consulted a mental health professional before suspending or expelling my child, as required by the SAFE Act.
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Please contact me to schedule the appeal. I am requesting all records related to the incident. You can reach me at _____.

Sincerely,

Parent Name: