## Appeal of School Board Expulsion Decision FORM 4

Disponible en français

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Language Preference							
The CFSRB offers services in both French and English.  What is your preferred language?							
If you are the Respondent and want French Language Services, complete the Request for French Language Services and send it by email or mail to the CFSRB at CFSRB@ontario.ca.							
About this Form							

Use this Appeal form to appeal a School Board decision to expel a pupil.

You may appeal a School Board decision to expel a pupil if you are:

- 1. a pupil's parent or guardian
- 2. a pupil who is at least 18 years old
- 3. a pupil who is 16 or 17 years old and has withdrawn from parental control

You must submit this Appeal to the Child and Family Services Review Board (CFSRB) within **30 days** of receiving written notice of the decision to expel a pupil (Expulsion Decision).

This Appeal is made under section 311.7 of the *Education Act*.

## Instructions

- 1. Complete all sections of the form.
- 2. Sign and date the form.
- 3. Deliver the form:

By Email: <u>CFSRB@ontario.ca</u>

By Fax: 416-327-0558

By Mail/In Person: Tribunals Ontario

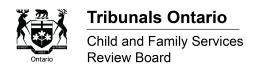
Child and Family Services Review Board

15 Grosvenor Street, Ground Floor

Toronto, ON M7A 2G6

For more information, call 416-327-0111 or toll-free 1-888-777-3616.

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4 4 11 41 6 41										
1. Appellant Information										
Are you a:  Parent o	r Guardia	an 🗌 Pupil								
Last Name			F	First Name						
Address (Number and Street)								Suite	/Unit	/Apt.
City/Town					Province				Postal Code	
Telephone (Day)  Telephone (Evenin			ning)	) Fax						
Email *										
2. Pupil Information										
Last Name		First Name								
Date of Birth (yyyy/mm/dd) Name of school pupil was expelled from										
3. Representative Informa	ition									
Complete this section only if you are authorizing a lawyer or another representative to act for you. If you have a representative, the CFSRB will communicate with your representative. Review the <u>Practice Direction on Representation</u> .										
☐ I authorize the named person and/or organization to represent me.										
My representative is:										
A lawyer Law Socie	ety #			A paralegal	L	_aw S	ociety#		_	
Other (Please describe	. For exar	mple, mother, fathe	r, frie	nd)						
Last Name	F	First Name O			Org	rganization <i>(if applicable)</i>				
Address (Number and Street)  Suite/Unit/Apt.						ot.				
City/Town						Province	e Postal Code		tal Code	
Telephone	Fax		Ema	mail *						
* Providing your email address means you agree the CFSRB can email you instead of using mail or fax.										
4. School Board Informati	ion									
Name					Date of Expulsion Decision (yyyy/mm/dd)				(yyyy/mm/dd)	
Contact Name			Tele	ephone		Email				
Address				City/Town Province			<b>e</b>	Postal Code		

5. The expulsion is:					
From the pupil's school only					
From all schools of the School Board					
6. When did you receive the Expulsion Decision?					
Date (yyyy/mm/dd)					
7. You must attach a copy of the following documents to this form:					
a) Expulsion Decision					
☐ b) Your response to the Principal's Report, if any					
8. Explain why you disagree with the Expulsion Decision. Be as specific as possible. Use the space below and attach additional pages if necessary.					

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9. Tell us what you want the CFSRB to do:							
Overturn the Expulsion Decision and reinstate the pupil to his or her school.							
☐ Change the Expulsion Decision to an expulsion from the pupil's school only.							
<ul> <li>Order that the record of the Expulsion Decision be removed or amended from the pupil's Ontario School Record.</li> </ul>							
10. Accessibility and Accommodation							
Tell us if you need any of the following	at the heari	ing:					
<ul><li>Interpreter</li></ul>	☐ No	Yes					
Language			Dialect				
<ul> <li>Sign Language Interpreter</li> </ul>	☐ No	Yes					
<ul> <li>Wheelchair Access</li> </ul>	☐ No	Yes					
Other (Please specify)							
For more information on accessibility and accommodation, visit our website.							
11. Appellant Signature							
Signature				Date (yyyy/mm/dd)			
Please check this box if you are filing	g your App	eal electron	ically. This	represents your signature. You must fill			

## Notice Regarding the Collection of Personal Information

The Child and Family Services Review Board (CFSRB) collects the personal information requested on this form for the purpose of conducting a review under section 311.7 of the <u>Education Act</u>. It will be shared with the parties to the Appeal. Copies of all documents filed with the CFSRB which relate to the Appeal will also be shared with the parties to the Appeal.

The CFSRB posts a redacted version of its decisions on the website of the Canadian Legal Information Institute (<a href="https://www.canlii.org">www.canlii.org</a>).

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