

**Corbett School District 39**

Code: **KL-AR(3)**  
Revised/Reviewed: 3/11/15

**Review of Administrative Decision**

This form is to be used to request a review by the Board of an administrative decision or an interpretation of a procedure, policy or administrative regulation.

Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

State the decision, procedure, administrative regulation or policy questioned: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe in detail (use other pages as necessary) the nature of or reasons for concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested changes or suggested resolutions of the problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: You are invited to appear to personally address the Board or you may choose to submit only your written statement. You will be advised in writing of the Board's decision within 20 working days after the Board has heard the complaint.

I wish to appear before the Board:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_