

Fern Ridge School District 28J

Code: **KL-AR(2)**  
Adopted: 5/23/05

**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 regulation.

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

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

State the decision, procedure, 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.

I wish to appear before the Board:  Yes  No

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