



**COMMUNITY SERVICE ASSIGNMENT
AND
NOTICE OF APPEAL RIGHTS**

To the parent or legal guardian of _____

If the following community service requirement is completed, your student's school fees will be waived. The total amount of fees which will be waived in return for completion of the community service obligation is \$_____.

Your student will be required to perform _____ hours of community service as follows:

Location: _____

Supervisor: _____ Hours: _____

Starting date: _____ Ending date: _____

Location: _____

Supervisor: _____ Hours: _____

Starting date: _____ Ending date: _____

Location: _____

Supervisor: _____ Hours: _____

Starting date: _____ Ending date: _____

Location: _____

Supervisor: _____ Hours: _____

Starting date: _____ Ending date: _____

School fees credit is given for performance of community service at the rate of \$_____ per hour.

Signature of Administrator: _____ Date: _____



NOTICE OF APPEAL RIGHTS

Please read the School Fees Notice before deciding to appeal the community service decision. **IF YOU THEN STILL DISAGREE WITH THIS DECISION, YOU HAVE THE RIGHT TO APPEAL.** To appeal, send a letter to the school Administrative Director explaining why you disagree with the decision. Include your name, your child's name, and the date. If you prefer, the school will provide you with an appeal form, which you can fill out and send instead of a letter.

YOU MUST MAIL OR HAND-DELIVER YOUR APPEAL WITHIN TEN SCHOOL DAYS OF RECEIVING THIS NOTICE. Keep a copy of the appeal for your records. A school representative will contact you within two weeks after receiving your appeal and schedule a meeting to discuss your concerns. You will also be given a copy of the school district's School Fees Appeals Policy containing a complete statement of policies and procedures for appeals. **ALL REQUIREMENTS FOR PAYMENT OF FEES WILL BE SUSPENDED UNTIL THE FINAL DECISION IS MADE REGARDING YOUR APPEAL.**



APPEAL OF COMMUNITY SERVICE ASSIGNMENT

Student's name: _____

School: _____ Grade: _____

I, (give your name) _____, wish to appeal the decision regarding the community service assignment given to my child for the following reasons:

Please schedule a meeting to discuss this appeal. I understand that all fees will be suspended until a final decision has been reached, and that my child will be able to participate fully in all school activities during that time on the same basis as if the fees had been paid.

(signature)

(date)



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Achieving Academic Success and Developing Good Character