

APPENDIX A: SAMPLE LETTERS

A.1. Sample Letter Request for Cumulative Education Record

Date: _____

Name of Superintendent: _____

Name of School District: _____

District Address: _____

Re: Request for Cumulative Education File

Student Name: _____

Date of Birth: _____

Name of School: _____

Dear Superintendent:

I am writing to request copies of any and all education records for my child including but not limited to, disciplinary records, any special education documents, grades, attendance history, and all documents in my child's cumulative education file. Please also include all records regarding my child that are maintained electronically in your student information system or data base including, but not limited to, my child's student profile, student and parent contact logs, and disciplinary record.

I look forward to your response to this request within five (5) days of receipt of this letter pursuant to Education Code Section 49069. You may send the documents to my attention at the address provided below.

Sincerely,

(Your signature here)

Name of Parent: _____

Parent phone number: _____

Parent email address: _____

Mailing Address: _____

A.2. Sample Letter Request for Expulsion Packet

Date: _____

Name of Superintendent: _____

Name of School District: _____

District Address: _____

Re: Request for Expulsion Packet

Student Name: _____

Date of Birth: _____

Name of School: _____

Dear Superintendent:

I am writing to request copies of all documents to be used at the expulsion hearing pursuant to Cal. Educ. Code §48918(b). In response to this request, I would like copies of all witness statements, including, but not limited to, statements made by other students, statements made by my child, statements made by any school staff, and any statements made by any administrators regarding the incident and/or any other evidence the school intends to present at the expulsion hearing. I would also like to request a copy of any and all education records for my child including, but not limited to, copies of his grades, attendance history, and any disciplinary records to date.

I look forward to your response to this request within five (5) days of receipt of this letter pursuant to Education Code Section 49069. You may send the documents to my attention at the address provided below.

Sincerely,

(Your signature here)

Name of Parent: _____

Parent phone number: _____

Parent email address: _____

Mailing Address: _____

A.3. Sample Letter Confirming a Phone Conversation

Date: _____

Ms. Last Name
Secretary
ABCD Elementary School
1234 School Street
City, CA Postal Code

Re: Student Name: _____
Date of Birth: _____
Name of School: _____

Dear Ms. Last Name:

Thank you for speaking on the phone with me earlier this morning. I appreciate that you took the time to speak with me about the anti-bullying policy at our school. I am writing to you to confirm what we spoke about during our call.

As I mentioned, I am interested in learning the policies and procedures that are used in our school to resolve problems dealing with harassment or bullying. My son tells me that one of his classmates is bothering him at school and I would like to know how I can help my son resolve this matter and how the school can support him as well.

During our conversation you said that you did not know where to find that specific policy's documentation but that you would consult with the principal and send them to me via mail. You also mentioned the school principal would follow up with a call to talk to me about the situation with my son.

Thank you very much for your help with this matter. I look forward to the principal's call and the documents you will mail to me. You can reach me at (123) 456-789.

Sincerely,

(Your signature here)

Name of Parent: _____

Parent phone number: _____

Parent email address: _____

Mailing Address: _____

A.4. Sample Letter of Suspension Appeal

Date: _____

Name of Superintendent: _____

Name of School District: _____

District Address: _____

Re: SUSPENSION APPEAL

Student Name: _____

Date of Birth: _____

Date of Suspension: _____

Name of School: _____

Dear Superintendent:

The purpose of this letter is to appeal the suspension of my child from school. My child was suspended from school for a total of _____ school days.

I am in disagreement with my child's suspension from school because (check all that apply):

- My child was not provided a pre-suspension conference or an opportunity to explain their side of the story before they were suspended
- My child was suspended for something that was not related to school or a school activity
- I was not contacted at the time my child was suspended from school
- I was not provided with written notice of the suspension
- My and/or my child's primary language is not English and I was not provided an interpreter and/or a properly translated suspension notice in my primary language
- My child did not commit the offense my child was suspended for
- The school did not attempt other means of correction before suspending my child such as:
 - A conference between school personnel, the pupil's parent or guardian, and the pupil.
 - Referrals to the school counselor, psychologist, social worker, child welfare attendance personnel, or other school support service personnel for case management/counseling
 - Study teams, guidance teams, resource panel teams, or other intervention-related teams that assess the behavior, and develop and implement individualized plans to address the behavior in partnership with the pupil and his or her parents.
 - Referral for a comprehensive psychosocial or psychoeducational assessment to determine whether or not my child has a disability

- Enrollment in a program for teaching prosocial behavior or anger management.
- Participation in a restorative justice program
- A positive behavior support approach with tiered interventions
- After-school programs that address specific behavioral issues or expose pupils to positive activities and behaviors, including, but not limited to, those operated in collaboration with local parent and community groups.

- My child does not present a danger to himself or others
- My child does not present a danger to property
- My child was suspended for more than 5 school days
- My child was suspended for less than 5 school days, but for more than was appropriate under the circumstances
- Other: _____

I demand that the District overturn my child’s suspension from school and remove any record of the suspension from my child’s education records.

I also request the following:

Please provide me with written confirmation that the District will overturn my child’s suspension and take the steps I have requested. If the District will not overturn my child’s suspension, please provide me with a written explanation why and identify who else I may talk to regarding my concerns.

Thank you,

(Your signature here)

Name of Parent: _____

Parent phone number: _____

Parent email address: _____

Mailing Address: _____

A.5. Sample Letter Challenging Content of Records

Date: _____

Name of Superintendent: _____

Name of School District: _____

District Address: _____

Re: Request to Correct/Remove Information from My Child's Education Records

Student Name: _____

Date of Birth: _____

Name of School: _____

Dear Superintendent,

The purpose of this letter is to challenge the content of my child's education records.

The specific records I am challenging include:

(Examples: suspension notice dated __-__-__, progress report dated __-__-__, attendance records, discipline profile, etc.)

I challenge the content of the record(s) identified above on the basis that the record(s) contain statements that are (check all that apply):

- Inaccurate
- An unsubstantiated personal conclusion or inference
- A conclusion or inference outside of the observers area of competence
- Not based on personal observation of a named person with time and place of the observation noted

- Misleading
- In violation of the privacy or other rights of my child
- Other: _____

Additional details/explanation in support of the above include:

I demand that the District remove and/or correct the above statements/records from my child's educational file consistent with the requirements of Educ. Code § 49070, et seq.

I also request the following:

Please provide me with written confirmation that the District will correct/remove the statements/records from my child's file. If the District will not do so, please provide me with a written explanation of the reasons why and provide me with assistance to timely appeal that decision to the Governing Board of the School District in writing.

Thank you,

(Your signature here)

Name of Parent: _____

Parent phone number: _____

Parent email address: _____

Mailing Address: _____

A.6. Sample Notice of Expulsion Appeal

Date: _____

Name of County Superintendent: _____

County Office of Education: _____

Address of County Office: _____

RE: Notice of expulsion appeal and request for hearing

Student Name: _____

Date of Birth: _____

Name of School: _____

Dear Superintendent:

In accordance with Education Code sections 48919-48924, my child and I request an Expulsion Appeal Hearing.

Please find the following information for this appeal:

Expelled student's name: _____

Age: _____

Name of school attended: _____

Parent: _____

Home Address: _____

Telephone: _____

Name of expelling district: _____

Date Board voted to expel: _____

Period of the expulsion: _____

The grounds for the appeal are as follows:

A. The local board proceeded without or in excess of its jurisdiction

(If applicable, provide explanation here)

B. The local board failed to provide for a fair hearing.
(If applicable, provide explanation here)

C. There was a prejudicial abuse of discretion in the hearing
(If applicable, provide explanation here)

D. There is now relevant evidence which could not have been produced at the time of the hearing or there was relevant evidence which was improperly excluded at the hearing.
(If applicable, provide explanation here)

Date:

(Your signature here)

Name of Parent: _____

Parent phone number: _____

Parent email address: _____

Mailing Address: _____

A.7. Sample Hearing Transcript Request Letter

Date: _____

Name of Superintendent: _____

Name of School District: _____

District Address: _____

Re: Request for Hearing Transcript

Student Name: _____

Date of Birth: _____

Name of School: _____

Dear Superintendent:

I am writing to request the expulsion hearing transcript for my child. Attached to this letter please find a copy of the Expulsion Appeal and Request for Hearing regarding the expulsion of my child. Education Code Section 48919 and 48921 require that the appellant request from you a transcript of the school district's expulsion hearing and supporting documents certified by you or by the Clerk of the Board to be a true and complete copy. Education Code section 48919 requires that these documents be prepared within ten school days of this request.

Please send one copy of the transcript of the expulsion hearing and supporting documents certified by you or by the Clerk of the Board to be a true and complete copy directly to the County Board of Education and one copy to me at the address provided below.

Should you have any questions please do not hesitate to contact me. Thank you in advance for your attention to this matter.

Thank you,

(Your signature here)

Name of Parent: _____

Parent phone number: _____

Parent email address: _____

Mailing Address: _____

A.8. Sample Letter Request for Special Education and 504 Assessments

Date: _____

Name of Superintendent: _____

Name of School District: _____

District Address: _____

Re: Referral for Special Education and 504 Assessments

Student Name: _____

Date of Birth: _____

Name of School: _____

To whom it may concern:

This letter is to refer my child for an assessment for special education services. I request that my child be given a comprehensive assessment to determine my child's eligibility for special education services and that an IEP meeting be scheduled. As part of the assessment process, I additionally request that my child be assessed under Section 504 of the Rehabilitation Act to determine what, if any, accommodations might be required in my child's educational program in the event that my child does not qualify for special education services or in addition to special education services.

I look forward to receiving an assessment plan within 15 days. If you have any questions or concerns regarding this referral, you may reach me at the phone number and address listed below.

Sincerely,

(Your signature here)

Name of Parent: _____

Parent phone number: _____

Parent email address: _____

Mailing Address: _____

A.9. Sample Letter Requesting to Join LCAP Advisory Committee (English & Spanish)

Date: _____

Name of Superintendent: _____

Name of School District: _____

District Address: _____

Re: Local Control Funding Formula and Local Control Accountability Plan;
Request for Information and to Join LCAP Advisory Committee

Dear Superintendent:

I write to you as a parent in your District. As a parent, I want to ensure that the funding for my child's school is used in the proper manner for students. I am aware that the Local Control Funding Formula (LCFF) requires that districts develop a Local Control Accountability Plan (LCAP) and that parents must be involved in developing, reviewing, and updating this plan each year. As a parent, I would like to participate and serve on the LCAP parent advisory committee. I would like to be notified of all meetings concerning the parent advisory committee as well as all meetings regarding the LCAP. I also request that these meetings take place at night so that I, and other parents, can participate.

I would like to receive all notices regarding the LCAP and LCAP advisory committee meetings in:

- 1. English
- 2. English & Spanish
- 3. English & _____

I can be reached at:

Name: _____

Address: _____

Phone: _____

Email: _____

I look forward to hearing from you.

Sincerely,

(Your signature here)

Fecha: _____

Nombre del Superintendente: _____

Nombre del Distrito Escolar: _____

Dirección del Distrito: _____

Re: Formula de Financiamiento de Control Local y Plan de Responsabilidad de Control Local;
Solicitud para Información y para Unirme al Comité Consejero de LCAP

Estimado Superintendente:

Me dirijo a usted como padre/madre en su Distrito. Como padre/madre quiero tener la seguridad de que los fondos para la escuela de mi hijo(a) estén siendo usados en forma adecuada para los estudiantes. Estoy consciente que la Fórmula de Financiamiento del Control Local (LCFF por sus siglas en inglés) requiere que los distritos desarrollen un Plan de Responsabilidad de Control Local (LCAP por sus siglas en inglés) y que los padres deben de estar involucrados en el desarrollo de este plan. Como padre, me gustaría participar y servir en el comité consejero de padres. Me gustaría ser notificado de todas las reuniones concernientes al comité consejero de padres, como también de todas las reuniones en relación al desarrollo de un LCAP. También solicito que estas reuniones se lleven a cabo durante la noche para que otros padres, y yo, podamos participar.

Me gustaría recibir todas las notificaciones/avisos referentes a LCFF y LCAP en:

- ___ 1. Inglés
- ___ 2. Inglés y Español
- ___ 3. Inglés y _____

Puede contactarme por este medio:

Nombre: _____

Dirección: _____

Teléfono: _____

Correo Electrónico: _____

En espera de su pronta respuesta.

Atentamente,

(Su firma aquí)

A.10. Sample Letter Requesting to Join DELAC (English & Spanish)

Date: _____

Name of Superintendent: _____

Name of School District: _____

District Address: _____

Re: Request to Join the District-level English Learner Advisory Committee and
for information on the Local Control Funding Formula

I write to you as a parent in your District. I am aware that the Local Control Funding Formula (LCFF) requires that districts develop a Local Control Accountability Plan (LCAP) and that parents must be involved in developing this plan. As a parent, I would like to participate and serve on the District-level English Learner Advisory Committee (DELAC), and join the committee which is creating the District's LCAP. I would like to be notified of all meetings concerning the DELAC and all meetings regarding the LCFF and LCAP. I also request that these meetings take place at night so that I, and other parents, can participate.

I would like to receive all notices regarding the DELAC, LCFF and LCAP in:

- ___ 1. English
- ___ 2. English & Spanish
- ___ 3. English & _____

I can be reached at:

Name: _____

Address: _____

Phone: _____

Email: _____

I look forward to hearing from you.

Sincerely,

(Your signature here)

Fecha: _____

Nombre del Superintendente: _____

Nombre del Distrito Escolar: _____

Dirección del Distrito: _____

Re: Solicitud para Unirme al Comité Consejero de Estudiantes de Inglés a nivel de Distrito y para Información sobre la Formula del Financiamiento de Control Local

Estimado Superintendente:

Me dirijo a usted como padre/madre de un estudiante(s) en su Distrito. Estoy consciente que la Formula de Financiamiento de Control Local (LCFF por sus siglas en inglés) requiere que los distritos desarrollen un Plan de Responsabilidad de Control Local (LCAP por sus siglas en inglés) y que los padres deben estar involucrados en el desarrollo de este plan. Como padre me gustaría participar y servir en el Comité Consejero de Estudiantes de Inglés a nivel de Distrito (DELAC por sus siglas en inglés), y unirme al comité que está creando el LCAP del Distrito.

Me gustaría recibir notificaciones de todas las reuniones concernientes al DELAC y todas las reuniones en relación al LCFF y LCAP. También solicito que estas reuniones se lleven a cabo por la noche para que otros padres, y yo, podamos participar.

Me gustaría recibir todas las notificaciones/avisos en relación a DELAC, LCFF y LCAP en:

- ___ 1. Inglés
- ___ 2. Inglés y Español
- ___ 3. Inglés y _____

Puede contactarme por este medio:

Nombre: _____

Dirección: _____

Teléfono: _____

Correo Electrónico: _____

En espera de su pronta respuesta.

Atentamente,

(Su firma aquí)

A.11. Sample Letter Request for Policies, Plans, or other Public Records

Date: _____

Name of Superintendent: _____

Name of School District: _____

District Address: _____

Re: CA Public Records Act Request


I am writing to request the following records pursuant to the California Public Records Act (Cal. Gov. Code § 6253).

1. Copies of all policies and procedures regarding:
(Check all that apply)

- Student discipline including suspension, expulsion, and involuntary transfer procedures
- Alternatives to suspension and expulsion that may be available in the District such as positive behavior interventions and supports (PBIS), restorative justice programs, trauma-informed practices, etc.
- Independent study
- Referrals or transfers to alternative education programs within the district
- Referrals or transfers to alternative education programs outside of the district
- Truancy and School Attendance Review Board referrals
- Bullying, harassment, and discrimination
- Students with disabilities including special education and Section 504 procedures
- Other: _____

2. Copies of the:

- School safety plan for (name of school(s)): _____
- Local Control Accountability Plan
- Budget for (name of school/district/program): _____
- County plan for expelled students
- Other: _____



I look forward to your response to this request within ten (10) days as required by Government Code § 6253(c). You may send the documents to my attention at the address listed below.

Thank you,

(Your signature here)

Name of Parent: _____

Parent phone number: _____

Parent email address: _____

Mailing Address: _____
