

## West Contra Costa Unified School District Student Transfer Office

1108 Bissell Avenue Room 108 Richmond, CA 94801-3135

Phone: (510) 307-4535 Fax: (510) 620-2085

**Dr. Wendell Greer, Ed. D.** *Associate Superintendent* 

Pamala D. Blake Director

<u>Inter-district Appeal Information</u>: If you do not agree with the transfer request decision, you may appeal the denial. To protect your appeal rights, you must follow the instructions described in each step listed below. If you do not respond by the required due dates or fail to submit the required appeal information with your appeal request, your appeal may be considered abandoned.

**STEP 1:** Complete the appeal information.

STEP 2: Submit appeal forms to the Transfer Office within <u>14 calendar days of</u> receipt of the denial notice.

- (1) Your appeal must include a written statement specifying the reasons you believe the decision was incorrect, and
- (2) a copy of your request denial notice.
- STEP 3: Within ten (10) calendar days the Transfer Office Director shall contact you by phone or mail.

Appeal forms may be submitted to the Transfer office by fax to (510) 620-2085, email at <a href="mailto:transferoffice@wccud.net">transferoffice@wccud.net</a>, mail or in person to the following address:

West Contra Costa Unified School District Transfer Office 1108 Bissell Ave. Room # 108 Richmond, CA 94801

- STEP 4: If you disagree with the written decision of the Transfer Office Director, you have 14 calendar days in which to appeal to the Associate Superintendent Office. Your appeal must include the following documents and information:
  - 1. a written statement specifying the reasons you believe the Transfer Office Director's decision was incorrect,
  - 2. a copy of the Transfer Office Director's decision letter, and
  - 3. a copy of your transfer request denial notice.

You may either fax your appeal to (510) 236-0662, or mail your appeal to the following address:

West Contra Costa Unified School District 1108 Bissell Ave. Richmond, CA 94801 Attn: Wendell Greer

STEP 5: Within 30 calendar days after the receipt of your appeal, the Associate Superintendent's Office will mail a written decision to you.



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Director

## **Inter-District Appeal Form**

## STEP 1:

SIEP II							
Student Name					Student ID#		
District of Residence					Grade		
Name of Parent/Guardian					Telephone No.		
Address			City			Zip	
In this section, please explain why you disagree with the action:							
Check Box If an Interpreter is		Signature of Parent/Guardian				Date	
Needed: Language Spoken:							
	A. District Name	_	West Contra Costa Unified School District				
	B. Address C. City/State/Zip D. Name of Contact E. Telephone Number		1108 Bissell Ave., Room 108				
			Richmond, California 94801  Pamala D Blake, Director				
			(510) 307-4535				