

Lutheran Schools of Ohio
APPEAL FORM

Name _____ School _____

Date of Appeal _____ City _____
(See LPDC policies for guidelines to be followed for this process.)

I am appealing the LPDC Regional Committee’s review of Form #_____ for the following reasons: (Use additional sheet if necessary).

Findings: The LPDC Regional Committee takes the following action:

Action taken on _____ Attested by _____
Date District Committee Chairperson