	STUDENT GRIEVANCE FORM
NAME:	CLASS:
HOME NO.:	MOBILE NO
Cause of Grievances	:
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* Students are to place the Grievance Form in the envelope provided and submit the form to the Deputy Principal within seven days of the cause of the grievance.

* In order for the school to investigate the cause of grievance, please be reminded that student is to provide his/her name, class and contact number accurately.

All information received and shared in this application form will be treated as private and confidential and any dissemination, distribution or duplication of such information, unless required by law or other statutory regulations is strictly prohibited and is the sole property of St Francis Methodist School.