DOCKET NO. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, § BEFORE THE

 Petitioner, §

 §

v. § COMMISSIONER OF EDUCATION

 §

**\_\_\_\_\_\_\_\_\_\_\_\_** INDEPENDENT SCHOOL §

DISTRICT, §

 Respondent. § THE STATE OF TEXAS

**PETITION FOR REVIEW**

NOW COMES Petitioner, and files this Petition for Review and would respectfully show the Commissioner the following:

1. Describe the challenged ruling, action, or failure to act complained of.
2. Provide the date of the challenged ruling, action, or failure to act.
3. Provide a precise description of the action the petitioner wants the commissioner to take on the petitioner's behalf.
4. Provide a statement of jurisdiction and the legal basis for the claim. Include all school laws that were violated and reference by name and how the laws were violated.
5. Provide the name, mailing address, telephone number of the petitioner's or party representative during business hours, email address, and facsimile number, if any.
6. Provide the name, mailing address, and business telephone of the respondent or the respondent's representative, email address, and facsimile number, if any.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First & Last Name

 Address

 Phone Number

 Email

**CERTIFICATE OF SERVICE**

 I hereby certify that a true and correct copy of this document has been served on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_ on this the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First & Last Name