

**Form B**

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**IN THE MATTER OF THE APPEAL OF,** \_\_\_\_\_  
*(Parent's Name)*

on behalf of \_\_\_\_\_,  
*(Child's Name)*  
Petitioners,

**NOTICE WITH PETITION**

-against-

\_\_\_\_\_  
*(School District's Name)*  
Respondent.

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**NOTICE:**

You are hereby required to appear in this review and to answer the allegations contained in this petition. Your answer must conform with the provisions of the regulations of the Commissioner of Education relating to reviews of this nature, copies of which are available from the Office of State Review of the New York State Education Department, 80 Wolf Road, Suite 203, Albany, NY 12205-2643.

Please take notice that such regulations require that an answer to the petition must be served upon the petitioner, or if petitioner is represented by counsel, upon such counsel, within 10 days after the service of the petition for review, and that a copy of such answer must, within 2 days after such service, be filed with the Office of State Review of the New York State Education Department, 80 Wolf Road, Suite 203, Albany, NY 12205-2643.

The decision of the State Review Officer shall be based solely on the record before the State Review Officer and shall be final, unless an aggrieved party seeks judicial review.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*(Signature)*  
(parent or person in parental  
relationship who has initiated the  
appeal)