

Expulsion Hearing Request/Waiver

Student: _____ Date: _____

Address: _____ Phone: _____

School: _____ Grade: _____

Code of Conduct Violation(s): _____

Date of Incident(s): _____

I am requesting a hearing before the superintendent. I understand that I will be contacted as to the time and place, and that my student has the right to be represented by legal counsel. I have read the school's student handbook and understand my rights. Alternative programs of instruction have been explained and offered to me.

These alternatives are _____ and _____.

I am waiving my right to an expulsion hearing. I understand that I will be contacts by the superintendent as to the decision. Alternative programs of instruction have been explained and offered to me.

These alternatives are _____ and _____.

In lieu of a recommendation for expulsion, I am willing to have my student undergo a substance abuse assessment and will follow any recommendations. I understand that if the procedures outlined in the Discipline Matrix are not followed, my student will be recommended for expulsion.

In lieu of a recommendation for expulsion, I am willing to have my student undergo a mental health assessment and will follow any recommendations. I understand that if the procedures outlined in the Discipline Matrix are not followed, my student will be recommended for expulsion.

Parent Signature

Date

Student Signature

Date

Administrator's Signature

Date