

## Request for School-Based Hearing Appeal of Recommendation for Long-Term Suspension

<b>Complete and return this form to the principal at your child's school within <i>four (4)</i> school days.</b>				
<b>Please Print</b>	Student		School	
	Parent(s) or Guardian(s)		ID#	
	Address			
	Day-Time Phone Number(s)			
	Evening Phone Number(s)			

**I/We would like to appeal the school's administration suspension recommendation to the superintendent regarding the student named above.**

<b>Check ONE:</b>	<input type="checkbox"/> My child and I contend that s/he <i>is not</i> guilty. <input type="checkbox"/> My child and I admit that s/he <i>is</i> guilty. However, we do not think long-term suspension is the appropriate punishment.
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**List any witness(es)\* the student/parent will call during the school-based hearing.**  
*\*For the purpose of this hearing process: A witness is a person called to testify regarding information directly relevant to the incident resulting in a suspension recommendation.*

<p>▶ <i>It is your responsibility to assure witnesses are available.</i></p> <p>▶ <i>If the witness is a student, he/she <u>must</u> provide written parental permission to appear during the hearing.</i></p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>
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**Name a teacher that you and your child would like to have as member of the school-hearing panel. Name an alternate teacher in case the first is unable to serve. If neither can serve the school will notify you for an additional request.**

*We do not have a teacher choice and allow the school to choose a teacher for the hearing panel.*

(First Choice) _____	(Second Choice) _____
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***The principal must be notified no later than three (3) school days prior to the hearing if an attorney or advocate will be present at the school-based hearing.***

Attorney/Advocate (*circle one*) \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: The student is not considered trespassing while attending the school-based hearing with the legal parent/guardian.**

<b>School Use</b>	Administrator Presenting		Received form on	/ /	
	Processed or referred this school year for Student Support Team (SST) or Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Is a translator needed for the parent/student? <input type="checkbox"/> No <input type="checkbox"/> Yes, what language:			# of <u>school</u> witnesses	
	Faxed to SDP on	/ /	Notified Parent of date/time of hearing on	/ /	
<b>SDP Use</b>	Hearing date/time provided to		Notified on	/ /	
	Hearing schedule for	/ / @	Due Process Officer		