

Student ID: _____	School #: _____
Gender: _____	Ethnic Code: _____
Rule #(s): _____	

SPED: Y N

504: Y N

PULASKI COUNTY SPECIAL SCHOOL DISTRICT BUS EXPULSION RECOMMENDATION NOTICE

Name of School: _____ Date of Recommendation: _____

Name of Student: _____ Date of Birth: _____ Grade: _____

Parent/Guardian: _____ Address: _____ Phone: _____
 _____ Phone: _____

Dear Parent/Guardian,

This letter is to notify you that I am recommending to the Superintendent of Schools that your child be expelled from riding bus number _____ or any other Pulaski County Special School District bus for the remainder of the current semester the remainder of the current school year.

The reason(s) for this recommendation is the fact that your child violated Policy or Rule #(s) _____ by [Detailed description of violation(s)]:

(Please attach additional description if needed.)

You have ten (10) days from the date of this notice to request a hearing regarding this recommendation. Your request for a hearing, if you wish one, must be mailed to the Assistant Superintendent for Equity and Pupil Services no later than _____. A form and stamped addressed envelope, which may be used for this purpose, is enclosed. Your failure to request a hearing within ten (10) days will result in final action being taken regarding this recommendation without a hearing being held. If you make a request within the ten (10) days, a hearing by the Assistant Superintendent for Equity and Pupil Services or designee will normally be scheduled within five (5) days after receiving your request.

You may appeal any decision regarding this matter to the Pulaski County Special School District School Board. However, a hearing must first be held by the Assistant Superintendent for Equity and Pupil Services or designee before you are permitted to make an appeal to the Board of Education.

Sincerely,

Signature of Principal

- One (1) copy to Parent(s)/Legal Guardian(s)*
- One (1) copy to Equity and Pupil Services*
- One (1) copy for school files*