

PULASKI COUNTY SPECIAL SCHOOL DISTRICT
Parent/Guardian Notice of Right to Expulsion Hearing

School: _____ Date: _____

Student: _____ Grade: _____

Parent/Guardian: _____

Address: _____ Home Phone: _____

_____ Work/Cell Phone: _____

A conference was scheduled on _____. The parent/guardian of the above named student
 did did not attend the scheduled conference.

Signature of Administrator

Date

Parent/Guardian Acknowledgement

I have conferenced with the administration of the above school and have been advised that my son/daughter,
_____ has been recommended for expulsion.

I understand that:

1. I have ten (10) days to request a hearing or final action will be taken without a hearing being held.
2. Once I request a hearing through the Division of Equity and Pupil Services, the hearing will normally be scheduled within five (5) days after receipt of official request.
3. A hearing must first be held by the Assistant Superintendent for Equity and Pupil Services or designee, before I am permitted to appeal to the Superintendent or the PCSSD Board of Education.

I am hereby requesting a hearing regarding the above recommendation.

I am NOT requesting a hearing at this time, but understand that I may request a hearing by providing a **written notice** to the Division of Equity and Pupil Services within ten (10) days from the above date.

Signature of Parent/Guardian

Date

DISTRICT OFFICE USE ONLY
Receipt Acknowledged By:

Date: _____

White Copy - Equity and Pupil Services
Yellow Copy - School Copy
Pink Copy - Parent/Guardian Copy