

EXPULSION

Form 3 Waiver of Hearing Form

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Superintendent of Schools

\_\_\_\_\_ School District

RE: Waiver of Hearing

I certify that I am the parent/guardian of \_\_\_\_\_ and that I have received the following items from you:

- (a) Notice of hearing on proposed School Board expulsion from school or above named student;
- (b) The Hearing Procedures of the \_\_\_\_\_ School District.

I request that the hearing specified in the hearing notice be waived, with the understanding that by so waiving the hearing, the recommended penalty will automatically become effective upon action of the School Board of Directors of this School District.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

Note: If student is 18 years of age or older, the student may sign in lieu of parent or guardian.