**Hearing Request or Waiver Form**

I request a hearing concerning the proposed the proposed expulsion, long-term suspension, or mandatory reassignment of my student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's or Guardian's Signature Date

I can be contacted at the following phone numbers:

Office: \_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT:** Please note that the recommended consequence will go into effect if your request is not ***received*** in the school office by mail or personal delivery within five (5) school days after you receive notice. If you request a hearing more than five (5) school days but within thirty (30) calendar days after receiving notice, the consequence will continue in effect but you will be given a hearing.

**Waiver of Hearing**

I waive the right to a hearing. I agree that the proposed expulsion, long-term suspension, or mandatory reassignment may be put into effect immediately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's or Guardian's Signature Date

This request must be sent or delivered to the Office of the Superintendent of \_\_\_\_\_\_ Public Schools, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Nebraska \_\_\_\_\_. The school district's phone number is (\_\_\_) \_\_\_-\_\_\_\_.

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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