

Administrative Hearing Waiver or Request

Short-term Suspension Long-term Suspension

TO: Director of Student Services

FROM: _____
(Name of Student's Parent/Guardian)

SUBJECT: Instructions for Request for Suspension Committee Hearing or Waiver of Hearing

(Student's Name) (School Name) (Grade)
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CHECK HERE TO WAIVE

The undersigned parent/guardian, on behalf of the above named student hereby **waives the right to a hearing** on the student's suspension.

CHECK HERE TO REQUEST

The undersigned parent/guardian, on behalf of the above named student hereby **requests a hearing** before a Suspension Committee regarding the student's suspension. Please complete below.

Note: If neither box above is checked you are deemed to have waived the opportunity for a hearing before a suspension committee and the suspension decision is final and not appealable.
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If requesting a hearing (Check either A or B below)

- a. () Student admits to the charges/allegations and plans only to appeal the reasonableness of the length of the suspension.
- b. () Student does not admit to the charges/allegations and plans to appeal the charges/allegations as well as the reasonableness of the length of the suspension.

At the requested hearing: (Check either A or B below)

- a. () Student will not be represented by legal counsel at the hearing, with the understanding that the Administration will also not be represented by legal counsel at the hearing. Please note, if this option is selected, at the district's discretion, the hearing will be rescheduled if the student subsequently wishes to be represented by legal counsel at the hearing.
- b. () Student will be represented by legal counsel at the hearing, with the understanding that the Administration will also be represented by legal counsel at the hearing. Please note, if this option is selected, unless notice that the student will not be represented by legal counsel is received at least 72 hours prior to the hearing, the administration will be represented by counsel at the hearing regardless of whether the student actually brings legal counsel to the hearing.

Signature of Parent Guardian Date

Parent/Guardian's preferred phone number and email address for contact:

Phone: _____ Email: _____

Send to:
Norman Public Schools Administration
Student Services
131 S Flood Ave
Norman, OK 73069
405-573-3501
student.services@normanps.org

Received by Student Services (date & time)
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