

NOTICE OF EXPULSION

Student's Name: _____ Date: _____

Name of Parent or Guardian

Address

Dear _____:

You are hereby advised that _____ has been expelled from school
for the period from _____ to _____. The reason(s) for this decision is:

You have the right to appeal this decision to the Board of Education, to be granted a hearing before the Board in order to be heard against the expulsion, to be represented in the appeal proceeding by a representative of your choosing, and to request that the hearing be held in executive session. Your request for appeal must be made to the Board within five (5) school day(s) from the mailing date of this notice. You should inform the Board of those who will be present at the hearing, including the name of any representative(s) you may choose to bring.

The offense of which are guilty also subjects you to the possibility of permanent exclusion from Indiana schools.

If you have any questions regarding the above, please feel free to contact me.

Superintendent

Pursuant to Board Policy 5610