

BRANDON VALLEY SCHOOL DISTRICT #49-2
WAIVER OF HEARING FORM

DATE:

Superintendent of Schools
District #49-2

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 long-term suspension or expulsion from school of above named student.
- (b) A copy of SDCL 13-32-4; and
- (c) The Hearing Procedures of School District #49-2 of Brandon, South Dakota.

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 this school district.

Signature of Parent/Guardian

Address:

NOTE: If student is 18 years of age or older, he may sign above in lieu of parent or guardian.

(ADOPTION DATE: February 28, 1983)
(REVISION DATE: November 9, 2004)
(REVIEWED DATE: April 28, 2008)