

STUDENT DISCIPLINE
(Waiver of Right to Hearing)

I am the parent/guardian of _____ (student's name). I understand that my student is entitled by law to a hearing before the Clinton School District #124 Board of Education. By signing this form I am waiving my right, and _____ (student's name)'s right to a hearing.

Printed Name

Signature

Date

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 03/10/2003

Clinton School District #124, Clinton, Missouri

