

(Expulsion Letter)

CERTIFIED MAIL

Date

Mr. and Mrs. _____
Address
City, State, Zip

Dear _____

This letter is to inform you that _____ has been expelled from school effective _____ . This expulsion result of a violation of Board Policy 3100. Specifically, _____ .

The expulsion shall continue in effect unless or until modified by the hearing process set forth below. While your student is on suspension, he/she is not allowed on any school property or at any extracurricular event. A reengagement conference with the administrator on (Date) at (Time) is required. If this date is inconvenient, please contact the administrator to reschedule.

Pursuant to State Board of Education regulation, WAC 392-400-280, you are entitled to request a hearing to contest the expulsion. Your request must be received in writing on or before the expiration of the third (3rd) school business day after you receive this notice. The address to which your request should be sent is: Ms. Janet Gavigan, District Hearing Officer, Riverview School District, PO Box 519, Duvall, WA 98019.

If you request a hearing in writing within the specified time, your case will be heard by the District Hearing Officer within three (3) school business days after the day your request is received. A written decision by the Hearing Officer, based solely upon the evidence presented at the hearing, will be provided.

If you do not request a hearing within the specified time, then you will have waived your right of review of the proposed expulsion.

Any student who has been expelled shall be allowed to make application for readmission at any time. The student's written application to the Superintendent shall include 1) reasons the student wants to return and why the request should be considered; 2) evidence which supports the request; and 3) a supporting statement from the parent or others who may have assisted the student. The Superintendent shall then, in writing, recommend admission or non-admission within seven (7) days of the receipt of such application.

Sincerely,

Name
Assistant Principal

Attachment: Schedule of School Business Days

cc: District Hearing Office
Superintendent
Transportation Supervisor
Director of Student Services (if relevant)
Student File
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