

EXPULSION APPEAL AND REQUEST FOR HEARING

Must be filed within thirty (30) calendar days of the district's Governing Board's decision to expel.

DATE: _____

TO: SAN MATEO COUNTY BOARD OF EDUCATION
101 Twin Dolphin Drive
Redwood City, CA 94065-1064

Attn: Erica Ng

In accordance with *California Education Code* Sections 48919 – 48924 and the San Mateo County Board of Education Policy (*insert Board Policy number*), an Expulsion Appeal hearing is hereby requested.

(Please print or type)

Pupil's name: _____ Birthdate: _____ Grade: _____

Parent/legal guardian: _____

Address: _____

Phone: (Home): _____ (Work): _____

Legal counsel or other designated representative of the pupil (if any):

Name: _____

Name of firm (if appropriate): _____

Address: _____

Phone: _____ Fax: _____

Name of school district: _____

Date Governing Board voted to expel: _____

What is your understanding of the reason your child was expelled?

Why are you appealing the expulsion?

(Please complete the following page)

Why should the County Board reverse the decision to expel?

Note: The County Board’s review of the district’s Governing Board’s decision is limited to the following bases for appeal (See “What will the Board consider?” for more information):

_____ 1.The Governing Board proceeded without or in excess of its jurisdiction in expelling the pupil.
If applicable, state why you believe this is true.

_____ 2.The pupil was not afforded a fair hearing before the district’s Governing Board.
If applicable, state why you believe this is true.

_____ 3.There was a prejudicial abuse of discretion in the hearing by the district’s Governing Board.
If applicable, state why you believe this is true.

_____ 4.There is relevant and material evidence which, in the exercise of reasonable diligence, could not have been produced or which was improperly excluded at the hearing before the district’s Governing Board.
If applicable, explain the circumstances and describe the nature of the new or improperly excluded evidence.

Expulsion hearings are closed to the public unless you request a session open to the pupil.

_____ I am requesting an open (public) session.

I hereby certify that I requested that the district provide a copy of the transcript of the expulsion hearing and supporting documents on _____.
(Date)

I further certify that I have received and read the *Expulsion Appeal Handbook* and understand there are certain requirements with which I must comply in proceeding with this appeal.

I further certify that this information is true and correct to the best of my knowledge.

X _____
Signature of Parent/Legal Guardian (or pupil, if 18 years or older) (Date)

(You may use additional paper, if necessary)

REQUEST FOR TRANSCRIPT AND SUPPORTING DOCUMENTS FROM SCHOOL DISTRICT

DATE: _____

TO: SUPERINTENDENT: _____

SCHOOL DISTRICT: _____

This is to inform you that I am filing an Expulsion Appeal and Request for Hearing with the San Mateo County Board of Education relative to the district's expulsion of my child, _____.
California Education Code Sections 48919 and 48921 require that I request from you a copy of the written transcripts of the expulsion hearing and supporting documents certified by you or the Clerk of the board to be a true and complete copy.

I understand that these documents will be provided within ten (10) school days of this request, provided my request is within 30 days of the district's Governing Board's decision to expel, and I have filed the Expulsion Appeal and Request for Hearing with the San Mateo County Board of Education.

Your office may provide a copy of these documents to me or send a copy directly to the San Mateo County Board of Education. I am requesting that:

_____ You inform me when these documents are ready, and I will then arrange for them to be picked up and delivered to the San Mateo County Board of Education office immediately thereafter.

-OR-

_____ You send a copy of the documents directly to the San Mateo County Board of Education, 101 Twin Dolphin Drive, Redwood City, California 94065-1064, to the attention of Erica Ng.

You may contact me regarding this request at _____.
(Telephone Number).

Sincerely,

(Signature)

(Print Name)