COLUMBUS MUNICIPAL SCHOOL DISTRICT

A Request for A Due Process Hearing
for Short Term Suspension (10 Days or less)

If the parent, guardian, or custodian feels aggrieved by the suspension of this student, they have a right to a due process hearing before a Discipline Appeals Committee and will have five (5) school days from the mailing of this notice to request such a hearing. A hearing shall be set no later than seven (7) school days after the receipt of the request for a hearing by the Superintendent’s office.

I, the undersigned parent, guardian or other person having custody of student Feels That The Code of Conduct was unfairly applied to my child and wish to request a due process hearing before a Discipline Appeals Committee.

Student Name: _________________________________________________________
Grade: _________ School: ______________________________________________
Number of days suspended: _____________
Suspended by: _________________________________________________________
Student Address: ________________________________________Zip: _________
Guardian Home Phone Number: ___________________________________________
Guardian Work Phone Number: ___________________________________________
Signature: ____________________________________________________________

Parent, Guardian or Custodian Phone #

I feel that the board policy is unfair and should be revised. I understand this is not a function of the appeals process but someone from the District Central Office will contact me to discuss this matter.

Signature: ____________________________________________________________

Parent, Guardian or Custodian Phone #

Mail this form to:
Columbus Municipal School District
Attn: Assistant Superintendent for Instruction
P.O. Box 1308
Columbus, MS 39703-1308

Or deliver this form to:
Columbus Municipal School District
Office of the Assistant Superintendent for Instruction
Brandon Central Services Center
2630 McArthur Drive
Columbus, MS 39705

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