

# 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 their 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 or receipt 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 Assistant Superintendent's office.

I, the undersigned parent, guardian or other person having custody of this 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 Name and Home Phone Number: \_\_\_\_\_

Guardian Work Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent, Guardian or Custodian Name and 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 Name and 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  
Brandon Central Services Center  
2630 McArthur Drive Columbus, MS 39705