

Form JCEB-1

*Empowering Dreams for the Future*

**STUDENT DUE PROCESS HEARING WAIVER FORM**

I/We hereby waiver our**/**my opportunity for a due process disciplinary hearing for our

|  |  |  |
| --- | --- | --- |
| child**/**myself, |  | . |

I/We understand that with this waiver, the discipline recommended by the school,

|  |
| --- |
| (School Should State Recommended Discipline Here): |

for our child/myself will be in effect.

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| --- | --- | --- | --- | --- | --- |
| This request is made on |  | , | 20 |  | . |

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|  |
| Parent/Guardian Signature |
| Printed Parent/Guardian Name |
| Student Signature |

**This form must be returned to the school prior to the notified time and date of the hearing.**

***If the student is alleged to have committed an act of physical violence or physical threat against a school employee, as defined by the Code of Conduct, both the employee victim and the student must waive the hearing. If the employee victim does not waive the hearing, the hearing must take place as scheduled. Please contact the school if you have questions regarding the ability to waive this hearing.***