

ADMINISTRATIVE HEARING PARTICIPANTS

(Hearing Officer)

(School)

(Date)

Student: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Representative for Student: _____

Witnesses for Student: _____

Principal: _____ School: _____

Witnesses for Administration: _____

Others in Attendance: _____

First Reading: 2-3-25

Second Reading: 3-3-25