



GREENVILLE PUBLIC SCHOOL DISTRICT

WAIVER OF DUE PROCESS FORM

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ ADMINISTRATOR: \_\_\_\_\_

\*MEETING DATE AND TIME: \_\_\_\_\_  
*\*Please call the office of the District Hearing Officer for this information*

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHARGE(S): \_\_\_\_\_

Building Administrator's Recommendation:

- ( ) 10 day suspension from base school - Placement at the Achievement Center
- ( ) 20 day suspension from base school - Placement at the Achievement Center
- ( ) 45 day suspension from base school - Placement at the Achievement Center

I hereby waive (give up) my rights to a due process hearing for my child, \_\_\_\_\_, in  
Name  
the matter of an incident that occurred on \_\_\_\_\_ which resulted in disciplinary  
Date  
action being taken.

**Parent/Guardian Consent:** After being duly informed of the reason for the recommendation for placement in an alternative setting, I provide my knowing and voluntary consent to such placement.

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Date

SIGNATURES:

\_\_\_\_\_  
District Hearing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Superintendent

\_\_\_\_\_  
Date

( ) Approved                      ( ) Denied