

REQUEST FOR HEARING

Date

Name of Student

TO: Superintendent of Schools
Maquoketa Valley School District

RE: Request for Hearing

I certify that I am the parent/guardian of _____ and that I have received the following items from you:

1. Notice of Opportunity for Hearing on proposed board expulsion from school of the above-named student.
2. The Hearing Procedures of the Maquoketa Valley Community School District.

I request that the hearing specified in the "Notice of Opportunity for Hearing" be conducted and the above named student and I will be in attendance at the hearing.

Signature of Parent or Guardian

Address

DATE OF ADOPTION: May 12, 1982
DATE OF REVIEW: October 17, 2005
DATE OF REVISION: November 13, 1991

MAQUOKETA VALLEY COMMUNITY SCHOOL DISTRICT
DELHI, IOWA 52223