## San Luis Obispo County Office of Education 3350 Education Drive, San Luis Obispo, CA 93405

## **REQUEST FOR APPEAL – STUDENT EXPULSION (E.C. §48919)**

Administrative Regulation #5144.3

## PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURE

*Note*: If the student is an adult or an emancipated minor, the student is filing the appeal as the Appellant and will not need to provide information regarding the parent or guardian. If the student is <u>not</u> an adult nor an emancipated minor, the student's parent or guardian is the Appellant.

				Ī	CELIDENTENCE A CELALANCE			
STUDENT'S FIRST NAME				STUDENT'S LAST NAME		DATE OF BIRTH		GRADE
SCHOOL DISTRICT				SCHOOL		DATE LOCAL BOARD VOTED TO EXPEL MM/DD/YEAR:		
ADI	DRESS OF THE STU	JDENT – NUM	BER, STR	REET, APT/UNIT NUMBI	ER, CITY, ZIP CODE			
			TIONSHIP UDENT	NAME OF PARENT/GU	JARDIAN	RELATIONSHIP TO STUDENT		
PHONE NUMBER EMAIL ADDRESS			DRESS		PHONE NUMBER EMAIL ADDRESS		RESS	
				MBER, STREET, APT/U	NIT NUMBER, CITY, ZIP	CODE		
			RELAT	TIONSHIP UDENT	PHONE NUMBER	EMAIL ADDRESS		
AD	DRESS OF THE REI	PRESENTATIV	E – NUM	BER, STREET, APT/UNI	T NUMBER, CITY, ZIP CO	ODE		
1.								
	☐ The local b	oard failed t	o provi	de a fair hearing.				
	-							

	nich, in the exercise of reasonable diligence, could not have scluded at the hearing before the local board.
	endent/designee prepare a transcript of the expulsion  Date Requested:
I understand that the hearing before the Corequest, in writing, at least five (5) calendary	bunty Board of Education will be in closed session unless I ar days prior to the hearing, that it be held in open session.  Board of Education and its authorized representatives'
I certify that I have received and read the States there are certain requirements that I must be that this form must be filed with the San L.	ds as needed for considering this appeal.  Student Expulsion Appeal Process document. I understand comply with in proceeding with this appeal. I understand uis Obispo County Board of Education within thirty (30) d voted to expel the student. I certify that this information
TURE OF PARENT/GUARDIAN DULT/EMANCIPATED STUDENT	DATE DELIVERED OR MAILED TO SAN LUIS OBISPO COUNTY BOARD

3350 Education Drive San Luis Obispo, CA 93405



Completed by County Office of Education								
Date request received by Office of the Secretary, Board of Education:_By:								
Date notified Appellant & School District of request received: By:								
Date mailed Appellant and School District Notice of date, time, and place of hearing: By: (10 calendar days prior to hearing)								