

ANSONIA PUBLIC SCHOOLS

Families, Schools, and Community – Working Together

42 Grove Street,
Ansonia, CT 06401

PH: (203) 736-5095
FAX: (203) 736-5098
www.ansoniaschools.org

SUPERINTENDENT
OF SCHOOLS:
Joseph DiBacco, Ed. D.
jdibacco@ansoniaschools.org

(Date)

CERTIFIED MAIL - RETURN RECEIPT REQUESTED & U.S. MAIL

(Parent) (If the Student is aged 18 or older, this notice should be sent directly to the student, with copies to the parent(s)). (Parent's/Student's Address)

(Non-custodial Parent, if applicable) (Parent's Address)

Re: Expulsion Hearing Concerning Student Name; D.O.B.; State-Assigned Student Identifier (SASID)

Dear *(Parent/Guardian)*:

In accordance with the Ansonia Board of Education Policy (*policy # & title*), I am writing to advise you that the Ansonia Board of Education (the "Board") will hold a formal hearing concerning your (*son/daughter*), (*Name of Student*) to consider the recommendation of (*name of administrator*) that (*he/she*) be expelled from school. *[In cases where the district uses a hearing officer, add the following: Please be advised that the Board has appointed Attorney [Name], to serve as an impartial hearing officer in this matter.]* This hearing is being held pursuant to Section 10-233d *[In cases where a preschool student is recommended for expulsion, add the following: and Section 10-233i]* and Sections 4-176e to 4-180a, inclusive, and Section 4-181a of the Connecticut General Statutes and the (*name of district*) Board of Education Policy (*policy # & title*), a copy of which is enclosed. The Board (*OR the hearing officer*) intends to conduct the hearing in executive session, due to the confidential nature of this hearing.

The hearing will address the allegations that your (*son/daughter*) (*for on or off-campus conduct*: violated Board Policy *cite Student Discipline Policy number and any other specific policy number* on *date* and seriously disrupted the educational process) (*and/or, for on-campus conduct*: endangered persons or property) by engaging in the following conduct:

(The law governing these hearings requires a short, plain statement of the facts to be included within this notice letter, and should be inserted here.)

Example: carrying a knife on the school bus on a specified date and brandishing it at other students on the bus).

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(If the student has admitted to this conduct, note the admission here).

The hearing has been scheduled for *(date, time, place [note: unless an emergency exists, this notice must be given to the student/parent/guardian at least five (5) business days before the hearing])*. You and your *(son/daughter)* are asked to attend this hearing. Your *(son/daughter)* has the right to be represented by an attorney or other advocate at your expense, has the right to cross-examine administration witnesses, and may present relevant evidence, both documentary and testimonial, concerning the allegations. The hearing will be the parties' sole opportunity to present such evidence. The Board ***(OR the hearing officer)*** may also question witnesses. An opportunity will also be given for the administration and your *(son/daughter)* or his/her representatives to present argument concerning the evidence presented at the hearing. If you need the services of a translator or an interpreter for this hearing, please let me know as soon as possible.

Unless the administration has determined that an emergency exists, you have the right to have the expulsion hearing postponed for up to one week to allow time to obtain representation. If you would like to request a postponement, please let me know as soon as possible.

The administration may recommend expulsion from school for up to one calendar year. The Board ***(OR the hearing officer)*** has discretion to adopt any period of expulsion up to one calendar year.

As mentioned above, your *(son/daughter)* has a right to be represented, at your own expense, an attorney or other advocate at the expulsion hearing. Obtaining an attorney or other advocate is the responsibility of the family. Very low-income families may be able to obtain free or reduced rate advice or legal representation through Statewide Legal Services, Inc. ("SLS"). To apply for such assistance, those families should contact SLS immediately at 1-800-453-3320.

In the event your *(son/daughter)* is expelled as a result of the scheduled hearing, and your *(son/daughter)* is under sixteen (16) years of age, the Board will offer your child an alternative educational opportunity during any period of exclusion from school as determined by the Administration in accordance with applicable law. If your *(son/daughter)* is between sixteen (16) and eighteen (18) and has not been expelled before, the Board shall also offer to your *(son/daughter)* an alternative educational opportunity if she/he wishes to continue her/his education. Please know however, that the Board is not required to offer an alternative educational opportunity to any student between sixteen (16) and eighteen (18) years of age who have previously been expelled or to students who are eighteen (18) years of age or older.

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If you have any questions, please call my office at (*number*).

Sincerely,

(Name of Superintendent)
(Name of District) Public Schools

Cc: *(Name of District)*, Chairman, *(Name of District)* Board of Education
(Name of Special Education director, where applicable)
(Name of Principal at school that student attends)
(Name of Board of Education Attorney, where applicable)
(Name of Administration's Attorney, where applicable)