



San Benito Consolidated Independent School District

Level I STUDENT/PARENT REQUEST FOR DUE PROCESS HEARING DISCIPLINARY DAEP

CAMPUS PRINCIPAL DECISION AND SUMMARY

Campus: _____

Student's Name: _____

Parent(s) Name: _____

Address: _____

Phone number: (____) _____

Phone number: (____) _____

Date of LEVEL ONE request: _____

Date of the LEVEL ONE hearing: _____

Date of the LEVEL ONE hearing DECISION: _____

Please attach a copy of the Disciplinary Hearing Decision being appealed, if applicable.

What was the Level One Hearing decision of the DAEP Placement at Positive Redirection Center, 450 South Dick Dowling Street, for this student? (If needed, attach a separate letter of the hearing decision and summary.)

LEVEL ONE DECISION: (please check one that applies)

____ Initial Placement is Sustained ____ Placement is Modified ____ Modified Placement

____ Student/Parent provided LEVEL TWO forms

Signature of Campus Principal: _____ Date: _____

Appeals will be heard in accordance with SBCISD Board Policy FOC (LEGAL) and the Student Code of Conduct.

It is the policy of the San Benito CISD not to discriminate on the basis of race, color, national origin, gender or disability of its educational and Career and Technology programs, services or activities as required by Title VI of the Civil Rights Act of 1964.