



STUDENT DISCIPLINARY HEARING WAIVER

STUDENT NAME: _____ SCHOOL: _____

The above-named student is admitting that he/she violated the Atlanta Public Schools Student Code of Conduct but is not necessarily admitting violation of the law. The student is charged with and is admitting to the following violation(s) of the JCDA-R (1) Code (s): _____

Parent(s): Please initial each box below indicating you understand and agree with each statement.

_____ We understand that the student has been referred to the Office of Student Discipline for a disciplinary hearing.

_____ We understand that we have the right to attend the hearing, present evidence, subpoena witnesses, cross examine witnesses, and be represented by an attorney at such hearing.

_____ We voluntarily waive our right to a hearing before a disciplinary hearing officer or disciplinary tribunal.

_____ We understand the discipline below and agree that the discipline will be implemented.

_____ We understand that students suspended from school, assigned to the alternative school or expelled from school are not allowed to attend any school sponsored activities or to be on any Atlanta Public Schools campus during the period of the suspension, expulsion, or alternative school assignment.

_____ We understand that transportation to and from the alternative school will be the responsibility of parent/guardian (except as provided to the student pursuant to the student's IEP or 504 Plan – if applicable).

_____ **We understand that this waiver is final and cannot be appealed.**

THE DISCIPLINE TO BE IMPLEMENTED FOR THE STUDENT IS AS FOLLOWS:

Long-term suspension through _____. The long-term suspension will be waived if the student chooses to attend the alternative education program – Hank Aaron New Beginnings Academy (2930Forrest Hills Dr. SW; Atlanta, GA 30315 * 404-802-6950). The student is not eligible to return to his/her home school in APS until _____.

If the student chooses to attend the alternative education program, he/she must enroll within three (3) school days of the waiver.

Other: _____

Parent(s)/Legal Guardian: _____ Date: _____

Parent(s) Email _____ Parents Phone No. _____

Student (ages 10+): _____ Date: _____

School Administrator: _____ Date: _____

If a student has violated Rules **E/S4.b.3, E/S6.b.3, E/S27.3** regarding assault/battery/physical harm to a school employee, this waiver is not effective until signed by the victim employee.

Employee: _____ Date: _____

This Waiver is not effective until signed by the Office of Student Discipline

If the student is protected by IDEA or Section 504, a manifestation determination will be convened when required by law and discipline placement determined as appropriate.