



Las Cruces Public Schools

Form JKD-E2
Notice of Long-Term Hearing and
Suspension to Parents/Guardians

Part I - PARENT/GUARDIAN INFORMATION

Name of parent/guardian _____ Date _____

Part II - STUDENT INFORMATION

Student _____ ID Number _____
Last, First, Middle Initial
Birth Date/_____/_____/_____ Age _____ Grade _____ Name of School _____
Residence: _____ Home phone ____-____
Street/City/Zip
Mailing Address _____ Cell/Work phone ____-____
Street/City/Zip

Part III - SPECIFIC STUDENT BEHAVIOR (list the specific reasons/offenses)

STATEMENT OF REASONS FOR SUSPENSION: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for suspension (attached is a copy of Form JKD-E1: Work Sheet for Short Term Suspension). Please check policy violation: [] JICF-RA Violent, Gang and/or Gang-like Activities [] JICH-RA Alcohol, Tobacco, and Other Drugs [] JICK-RA Harassment, Intimidation, Bullying, and Hazing or [] Other (specify name of policy/regulation) _____
Duration of Short term suspension _____ to _____
Requested dates of suspension/expulsion from _____ to _____

Part IV - LONG-TERM SUSPENSION HEARING DATE LOCATION

We regret to inform you of the intention to seek a long-term suspension/expulsion from the above listed school. You are hereby notified that charges for a long-term suspension/expulsion have been made against the above named student. A hearing has been scheduled on (date) _____ at _____ am/pm at the office of the Hearing Authority, 505 S. Main Suite 249, Las Cruces.
I, _____, will serve as the contact person for you and/or your designated representative/legal counsel, to request a delay or seek further information, including access to any documentary evidence or exhibits which the school intends to introduce at the hearing. The hearing will be governed by the policies and regulations which have been approved by the Board of Education. A copy of the regulation JKD-RA Long Term Suspensions/Expulsions has been included for your information.
He/she may return to school on (date) _____ or pending the outcome of the long-term hearing. The student MUST be accompanied by a parent/guardian upon his/her return to school. A parent conference with teachers and/or administrator will be conducted at this time.
Administrator Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Part V - LONG-TERM SUSPENSION HEARING PROCESS AND RIGHTS

The hearing will take place as scheduled unless the Hearing Authority grants a delay or you and your son/daughter agree to waive the hearing and voluntarily accept the proposed suspension. Please know your failure to appear at the hearing may by default lead to the proposed suspension.
Also, know that you and your son/daughter have the right to be represented at this hearing by legal counsel, yourself and/or a designated representative. You must provide me with written notification within 72 hours of the date of the hearing regarding the name of the designated representative that will be present at the hearing.
If you disagree with the charge(s), at the hearing you may introduce evidence and make statements regarding why you disagree. Regardless if you agree or disagree with the charges, you may address the Hearing Authority regarding the penalty, that should be imposed, and any mitigating circumstances you believe the Hearing Authority should consider.
The Hearing Authority may take into consideration factors involving the student including, but are not limited to: (1) age, health and maturity; (2) academic standing; (3) disciplinary record; (4) seriousness of the offense; and (5) consideration of alternative punishment or restrictions.

Part VI – WAIVER OF HEARING FOR LONG-TERM SUSPENSION OR EXPULSION

I have been informed that the school authorities have proposed long-term suspension/expulsion for my child, as listed above, from _____ to _____ (dates of suspension/expulsion). My child is charged with violating the following Board of Education Policies/Regulations: JICF-RA Violent, Gang and/or Gang-like Activities JICH-RA Alcohol, Tobacco, and Other Drugs JICK-RA Harassment, Intimidation, Bullying, and Hazing or Other (specify name of policy/regulation) _____.

If you choose to waive the hearing and voluntarily agree to accept the proposed long-term suspension for the above named student please sign this form JKD-E2: *Notice of Long-Term Suspension and Hearing* and return it to my office within 72 hours of the scheduled hearing.

I am aware of the student’s right to counsel and a hearing before a long-term suspension/expulsion can be imposed. I hereby waive the hearing and accept the long-term suspension/expulsion for my student.

Parent/Guardian Signature Date Student Signature Date

Principal/Administrator Signature Date Hearing Authority Signature Date

Enclosures: JKD-RA Suspension or Expulsion of Students JKD-E2 Notice of Long-Term Hearing and Suspension to Parent/Guardian Other(s): _____

Part VII – RECORD OF SUSPENSION NOTIFICATION (used only if with certified mail or if time is an issue and the use of certified mail with return receipt is requested)

Copies of the attached forms policies/regulations listed above regarding the long-term suspension of the student listed above have been delivered to (address/place of delivery) _____

or certified mail receipt number _____ on (date) _____. Documents delivered Forms

_____, _____ and/or Policies/Regulations _____,

Comments:

Signature of person delivering documents Date Signature of Witness Date