

**STUDENT DISCIPLINE**  
***(Waiver of Right to Hearing)***

I am the parent/guardian of \_\_\_\_\_ (student=s name). I understand that my student is entitled by law to a hearing before the Boonville R-I School District Board of Education. By signing this form I am waiving my right, and \_\_\_\_\_ (student=s name)=s right to a hearing.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* \* \* \* \*

***Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

Implemented: **December 19, 2007**

Revised:

Boonville R-I School District, Boonville, Missouri