

504.01E4 Hearing Examiners Notice to Parents and Students

Friday, August 11, 2023

HEARING EXAMINER'S NOTICE TO PARENTS AND STUDENT

(DATE)

(Name of Parents)

(Name of Student)

(Address)

Dear Mr. and Mrs. (Name) and (Student's Name):

I have been appointed to serve as the hearing examiner regarding the proposed expulsion of (Student's Name) from Banner County School District No. 1 for the remainder of the second semester of 20__ -__ school year. By statute, the hearing which has been requested must be scheduled within five school days of the request for the hearing. As we discussed on the telephone, the hearing has been scheduled for (Date) beginning at (Time) . The hearing will be conducted in the (Location of Hearing) of the Banner County School District No. 1. The address is School Street, Harrisburg, NE 69345-0005.

As hearing examiner, I will preside over the hearing. I will be available prior to the hearing to answer any questions you or your attorney or representative may have regarding the nature and conduct of the hearing. I am available at my office between the hours of (Specify Hours). My office telephone number is (Phone Number) .

You and your attorney, or representative have the right to examine (Name of Student) 's academic and disciplinary records and affidavits which might be used at the hearing concerning (his,her) alleged misconduct. You also have the right, upon

asking the school administration, to know the identity of the witnesses who will appear at the hearing as well as the substance of their testimony and to review any written affidavits to be used at the hearing.

As hearing examiner, I am statutorily bound by the rules of evidence at the hearing. You will have the right to question any witnesses giving information at the hearing. (Name of Student) may testify and you may call witnesses to testify on (his,her) behalf and may introduce documents in support of (his,her) position. Witnesses whom you call may be questioned by the school administration regarding their testimony. The testimony of all witnesses will be given under oath. If (Name of student) chooses not to testify, (he,she) will not be punished or threatened with punishment for choosing not to testify. I am available to assist you in obtaining the attendance of witnesses. Please contact me as soon as possible if you need assistance.

After the hearing has been concluded, I will review the testimony and documents. I will report my findings and recommendations to (Name of Superintendent), Superintendent of Schools. My recommendations may range from no action through the entire field of counseling to the expulsion recommended by the superintendent of schools. Superintendent (Name of Superintendent) will then send you a notice of his decision as well as my findings and recommendations.

I will enclose an outline of the hearing procedure. If you have any questions or if I can be of any assistance to you, please contact me.

Yours truly,

(Name of Hearing Examiner)

Hearing Examiner

Copy: (Superintendent of Schools)

Enclosure