



**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.*