

Fort Dodge Community School District

DATE:

TO: Parent or Guardian  
Street Address  
City, State, Zip Code

FROM: Sending Party

RE: Letter of Acknowledgement – Expulsion Hearing of (Student Name)

The Superintendent and principal of (School Name) has requested a hearing with the Board of Education of the Fort Dodge Community School District to consider the expulsion of (Student Name) for the violation of school rules and policies as outlined in the recommendation to the Superintendent dated (Date of Recommendation to Superintendent). A copy of the recommendation has been sent or delivered to you.

Under Board of Education policy and rules and laws governing *due process* you have the right, if you so desire, to a closed hearing with the Board of Education, the right to be represented by anyone of your choice, including legal counsel, at the hearing, and a right to know the charges and the basis for the charges. You have been informed of the rules and circumstances of this case.

The Superintendent and principal are recommending to the Board of Education an expulsion which would also come with an exclusion from both participating in and attending extra-curricular events through the length of the expulsion. The student is also banned from school property unless given prior permission of an administrator and if disregarding this ban may be charged with trespassing.

The hearing is scheduled for (Date) in the Board room located in the Arey Building at 104 S. 17<sup>th</sup> Street and would be closed unless you choose to have it open to the public.

HAVE YOU BEEN GIVEN COPIES OF THE STATEMENTS  
TAKEN, PAST ACADEMIC, DISCIPLINARY OR ATTENDANCE  
INFORMATION IF IT WAS USED TO COME TO THIS DECISION,  
SCHOOL RULES AND POLICIES/PROCEDURES RELATED TO  
THE OFFENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU WISH FOR THE HEARING? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU WISH TO ATTEND THE HEARING? \_\_\_\_\_ YES \_\_\_\_\_ NO

YOU WERE MADE AWARE OF YOUR RIGHT TO BE  
REPRESENTED BY ANYONE OF YOUR CHOICE  
INCLUDING LEGAL COUNSEL AT THE HEARING? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Please return this form to Robert Hughes, Board Secretary, on or before the day and time of the hearing.**

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_