



Dear Appellant:

EXPULSION APPEAL

Attached is a packet of information for an Appeal of an Expulsion before the Los Angeles County Board of Education (County Board). The packet contains the following items:

1. Notice of Appeal Form
*The Notice of Appeal **must** be filed within **30 calendar days** from the date of the local board's decision to expel. (The letter of this decision must be included.) Appeals can only be received and processed by the Division between the hours of 8 a.m. and 5 p.m., Monday through Friday, excluding holidays. There is no extension of the deadline even if the 30th day falls on a weekend or holiday. Once filed, an appeal hearing date will be scheduled within 20 schooldays.*
2. Representation/Consent Form
Submit this form to indicate that you will be represented by an attorney or non-attorney advocate, and that you have consented to the release of records, pertaining to your student, to this individual.
3. Record of Proceeding Request Form
*Submit this form to the school district that ordered the expulsion of your student. It is your responsibility to **submit this written request to the school district on the same day that the Notice of Appeal is filed** to obtain a copy of the record of the proceeding, which includes the written transcription of the hearing held before the governing board, hearing officer or administrative hearing panel of the district.*
4. Waiver of Timelines Request Form
This waiver is to be used only if a postponement of the hearing date is needed. If postponed, an appeal hearing will be rescheduled to a mutually agreeable date.
5. Administrative Regulation 5144.3, Student Expulsion Appeals
This document explains in detail the rules and regulations governing the expulsion appeals to the Los Angeles County Board of Education. Please review this document and keep it as reference throughout the appeal process.

Please be advised that appeals are first heard by an Administrative Hearing Panel. The panel will then submit a recommendation, including findings of fact and conclusions, to the County Board for its consideration and decision at a regularly scheduled Board Meeting. The County Board's decision on the appeal shall be final and binding upon the student, and upon the school district governing board.

If you have any questions or need further assistance preparing the appeal, please call Melissa Schoonmaker, Project Director III, at (562) 922-6233.

Sincerely,

Sonya K. Smith

Sonya K. Smith, Ed.D. Director III,
Student Support Services

SKS:mg

Enclosures: Notice of Appeal Form
Representation/Consent Form
Record of Proceeding Request Form
Waiver of Timelines Request Form
Administrative Regulation 5144.3, Student Expulsion Appeals



NOTICE OF APPEAL (Pupil Expulsion)

<u>Office Use Only</u>
Date received: _____
Received by: _____

PLEASE PRINT LEGIBLY AND COMPLETE EVERY BOX BELOW.

STUDENT'S FIRST NAME		STUDENT'S LAST NAME		DATE OF BIRTH	GENDER
SCHOOL DISTRICT		SCHOOL		DATE LOCAL BOARD VOTED TO EXPEL – <i>Attach a copy of the expulsion letter.</i> (MONTH/DAY/YEAR)	
SCHOOL NOW ATTENDING			GRADE	SCHOOL DISTRICT/AGENCY	COUNTY
ADDRESS OF STUDENT – NUMBER, STREET, APARTMENT NUMBER, CITY, STATE, AND ZIP CODE					
NAME OF PARENT/ LEGAL GUARDIAN		RELATIONSHIP TO STUDENT		NAME OF PARENT/LEGAL GUARDIAN	
ADDRESS OF PARENT/LEGAL GUARDIAN – NUMBER, STREET, APARTMENT NUMBER, CITY, STATE, AND ZIP CODE					
<input type="checkbox"/> Same as above <input type="checkbox"/> Different:					
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER		WORK TELEPHONE NUMBER	EMERGENCY NUMBER	
EMAIL ADDRESS OF PARENT/LEGAL GUARDIAN					
PARENT/LEGAL GUARDIAN WILL NEED THE ASSISTANCE OF AN INTERPRETER					
<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>specify the language to be spoken by the interpreter</i>):					

Reason(s) given by the local board for expulsion:

Why should the expulsion be set aside? (Attach documentation, if any)

An expulsion may be appealed only on one or more of the following grounds. Check all that apply and give a brief statement of explanation of why you feel you have reason to appeal the expulsion. Attach a separate sheet if more space is needed.

- The local Board proceeded without or in excess of its jurisdiction.
- The local Board failed to provide for a fair hearing.
- There was a prejudicial abuse of discretion in the hearing as such abuse is described in Section 48922 of the Education Code.
- There is new relevant evidence that could not have been produced at the time of the hearing or there was relevant evidence that was improperly excluded at the hearing.

TYPE OF HEARING REQUESTED (*Check one*): Closed to public Open to Public

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE

Please submit appeal and additional documentation via email to:
cwa@lacoedu

EXPULSION APPEAL – ADDITIONAL PAGE

Student's Name: _____



REPRESENTATION/CONSENT FORM – EXPULSION APPEAL

You are hereby notified that the individual/firm listed below has been appointed as attorney or non-attorney advocate for _____ born on _____.
(Name of Student) *(Date of Birth)*

The individual listed below is an: Attorney Non-Attorney Advocate

FIRST NAME	LAST NAME	NAME OF LAW FIRM/AGENCY
ADDRESS – NUMBER, STREET, APARTMENT NUMBER, CITY, STATE, AND ZIP CODE		
OFFICE NUMBER	ALTERNATE NUMBER	FAX NUMBER
EMAIL ADDRESS		

As such, I authorize the school district and the Los Angeles County Office of Education to release any and all information pertaining to the minor’s developmental educational, social service, and/or mental health needs to the individual/firm specified above. Such information shall include medical, psychological, social, vocational, rehabilitative, educational, and law enforcement records, reports, assessments, and evaluations. The authorization includes the release of all records or documents deemed confidential and extends to all documents otherwise considered confidential under any Federal or State privacy laws.

This authorization includes, but is not limited to, the right to inspect, review and copy any and all information contained in said records, and to discuss any information contained in or pertaining to said records.

This authorization, except for action already taken, is subject to revocation by me at any time. I also understand that a photocopy or facsimile copy of this authorization has the same effect as the original.

Name of Parent/Legal Guardian: _____

Address: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Please submit appeal and additional documentation via email to:
cwa@lacoed.edu



RECORD OF PROCEEDING REQUEST – EXPULSION APPEAL

Pursuant to Section 48919 of the California Education Code, a student expelled from school may, within 30 calendar days following the decision of the governing board to expel, file an appeal to the county board of education. The student must submit a written request for the record of the proceedings from the school district simultaneously with the filing of the notice of appeal with the county board of education.

A Notice of Appeal has been submitted to the Los Angeles County Office of Education (LACOE), regarding the governing board’s decision to expel the student specified below. This is a request for a copy of the record of the proceeding, which includes, but is not limited to the following:

1. All the documents and evidence presented at the hearing held before the governing board, hearing officer, or administrative hearing panel of the district
2. Written transcription of the expulsion hearing
3. Findings of fact presented to the governing board
4. Rehabilitation plan

The school district shall provide the requested records within 10 schooldays following this written request.

The following information is to be filled out by the appellant (the party filing the appeal).

Date Local Board Voted to Expel: _____ Date of Filing with LACOE: _____

Name of Student: _____ Date of Birth: _____

School: _____ Grade level when expelled: _____

Address of Student: _____

Name of Parent/Legal Guardian: _____

Daytime Telephone Number: _____ Alternate Number: _____

Email Address of Parent/Legal Guardian: _____

Name of Attorney or Non-Attorney Advocate (if applicable): _____

Name of Law Firm/Agency: _____

Address of Attorney or Non-Attorney Advocate: _____

Office Telephone Number: _____ Fax Number: _____

Email Address of Attorney or Non-Attorney Advocate: _____

For assistance, please contact Maria Guerrero, Administrative Analyst at (562) 922-6233.

Please submit appeal and additional documentation via email to:
cwa@lacoed.edu



WAIVER OF TIMELINES REQUEST – EXPULSION APPEAL

Date: _____

I, _____, hereby request that the timelines in the appeal hearing for
Name (Please Print)

_____ be waived and a postponement granted.
Student Name (Please Print)

The reason for this request is *(please explain)*: _____

Person requesting this waiver is *(check one)*:

- Parent
- Legal Guardian
- Counsel
- Other _____

Signature of Requestor