# SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS

TO: San Bernardino County Board of Education 601 North E Street

San Bernardino, CA 92415-3093

Phone: (909) 386-2755 ¨ FAX: (909) 332-5780

Attn: Dr. Don English

Director, Children Deserve Success

# NOTICE OF APPEAL

(Pupil Expulsion)

(Please print or type all material except signature.)

In accordance with Education Code Section 48919 and the San Bernardino County Board of Education Policy 140, we hereby request a hearing for the purpose of an expulsion appeal.

(NOTE: This Notice of Appeal shall be communicated to the County Board within 30 days following the date of expulsion.)

1.

2.

Name of Pupil Birth Date

3.

4.

Street Address City Zip Code Grade

5.

6.

School District School

7. Date local board voted to expel:

8.

9.

Name of Parents/Guardian Phone

10.

Street Address City Zip Code

1. Will you have legal representation at the hearing? Yes No ( *check one* )
2. Will you have representation by a non-attorney/advocate at the hearing? Yes No

13.

14.

Name of attorney/non-attorney/advocate Phone

15.

Street Address City Zip Code

1. Appellant’s (pupil/parent/guardian) understanding of reason(s) given by the local board for expulsion (attach copy of notice of expulsion if possible.)
2. Why should the expulsion be overturned? (Attach documentation, if any.) Note: An expulsion may be appealed only on one or more of the following grounds:
	1. Explain how the governing board acted without or in excess of its jurisdiction. (Was the district within its rights to conduct the hearing at all; that is, were all the time lines set forth in the Education Code complied with?)
	2. Explain how the hearing before the governing board was not fair. (Was the hearing conducted fairly allowing for evidence on both sides to be presented?)
	3. Explain if there was a prejudicial abuse of discretion in the hearing as such abuse is described in Section 1094.5(b) of the Civil Code Procedure. (Did the hearing body act reasonably in conducting the hearing and in reaching a decision?)
	4. Explain if there is new relevant evidence, which could not have been produced at the time of the hearing or if there was relevant evidence, which was improperly excluded at the hearing. (If applicable, explain the circumstances and describe briefly the nature of the new or improperly excluded evidence.)
3. A. Type of hearing requested (*Check one*): or

Closed to Public Open to Public

B. Will you need an interpreter? Yes No If yes, what language?

1. I hereby certify that this information is true and correct to the best of my knowledge.

Signature of Parent/Guardian or Adult Pupil Filing Appeal Date

NOTE: Only one copy of the Notice of Appeal is required to be filed with the County Board of Education. The County Board will prepare a copy for the local school district. If you have not already received a copy of the rules for completing your appeal, please notify this office.

(Revised 7/19)