

REQUEST TO WAIVE EXPULSION HEARING**DALLAS SCHOOL DISTRICT #2**
Dallas, Oregon 97338

I, _____

parent/guardian of _____

do hereby request a hearing *not* be held in the case of the proposed
expulsion. I expressly waive any right to contest the expulsion.

Parent/Guardian Signature_____
Date_____
Expulsion Hearings Officer_____
Date

Parent,

After signing the form please return to:

Superintendent's Office
Dallas School District No. 2
111 S.W. Ash Street
Dallas, Oregon 97338

Thank you.