

Madison County Schools Hearing Request

Type of hearing: Disciplinary Expulsion

Hearing Student's Legal Name _____
Last, First Middle

School _____ Charge: _____

Grade _____ Age _____ Gender _____ Race: _____

Special Education: YES NO Date of Manifestation: _____

504 Eligible: YES NO Date of Manifestation: _____

Parent/Custodian Name: _____

If Custodian, please submit a copy of the custody papers by email or fax.

Contact Numbers: Cell _____
 Home _____
 Work _____

Hearing Packet Checklist

Please submit the following items in order along with the hearing request form:

	Administrative Summary of the infraction for which the hearing is requested
	Statements from all parties involved in the infraction
	Witness statements from those persons who witnessed the infraction
	Suspension Notice
	From INOW
	Profile Report
	Comprehensive Progress Report
	Daily Attendance
	Discipline
	Report Card grades for current school year
	Transcript Report – Landscape
	Birth Certificate
	Custody Paperwork, if applicable
	Manifestation determination for Special Education or 504 eligible student

Hearing Packet should be sent to:

Michelle Stovall at the Central Office
mstovall@mcssk12.org
 (256) 852-2557 ext. 61715
 (256) 852-1086 fax