

**WAIVER OF REVIEW OF THE  
OUT-OF-SCHOOL SUSPENSION DECISION**

**Select Proper Paragraph**

I agree with the **principal's decision** to suspend my child out of school. I understand that I have the right to appeal the principal's decision to the Suspension Review Committee (for an out-of-school suspension of ten days or less) or to the superintendent and ultimately the board of education (for an out-of-school suspension of more than ten days). I hereby waive my right to appeal review of the decision.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

I agree with the **superintendent's decision** to uphold the suspension of my child from school. I understand that I have the right to appeal the superintendent's decision to the board of education. I hereby waive my right to appeal review of the decision.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date