

Hearings Department 802 Mayflower Street Baton Rouge, LA 70802 Office (225) 456-5139, Fax (225) 456-2757

Principal's Due Process Form

School:	Da	ate of Offense:	
Student Name:		ID#:	Grade:
D.O.B.:	Student	Status: Regular Ed.	ESS 🗆 504 🗖
Parents/Legal Guardian:			
Address:		Zip Code	e:
Work Phone:		Home/Cell Phone:	
Offense:			
Parents were notified of offense on	Date	by	Administrator
	Telephone \square	_	
Was student notified of allegations ag	ainst him/her?	Yes 🗆 No 🛭	
Was student given an opportunity to բ	provide a stateme	ent (written or verbal)?	Yes 🗆 No 🗀
Proposed Disciplinary Action:			
Comments:			
Parents/Legal Guardian Signature	Date	Administrator's Sign	ature Date
Student's Signature	Date	Interpreter's Signatu	re Date