



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

Principal's Due Process Form

School: _____ Date of Offense: _____

Student Name: _____ ID#: _____ Grade: _____

D.O.B.: _____ Student Status: Regular Ed. [] ESS [] 504 []

Parents/Legal Guardian: _____

Address: _____ Zip Code: _____

Work Phone: _____ Home/Cell Phone: _____

Offense: _____

Parents were notified of offense on _____ by _____
Date Administrator

Telephone [] Face to face []

Was student notified of allegations against him/her? Yes [] No []

Was student given an opportunity to provide a statement (written or verbal)? Yes [] No []

Proposed Disciplinary Action: _____

Comments: _____

Parents/Legal Guardian Signature Date

Administrator's Signature Date

Student's Signature Date

Interpreter's Signature Date