



## ***Hollandale School District***

P. O. Box 128/101 W. Washington Street  
Hollandale, Mississippi 38748

***Mario Willis Ed.D., Superintendent***

Mwillis2@hollandalesd.org

Mario Willis,  
Superintendent

Doretha G Crowley,  
Administrative Assistant

---

To the Superintendent:

I am aware that the school administration is recommending my child,  
\_\_\_\_\_, be placed at the alternative school for \_\_\_\_\_ days  
due to his/her behavior. I am aware of my right to appeal this decision to a district Disciplinary  
Hearing Committee. I am aware that this hearing serves as a due process for my child in the case  
of long-term suspension (more than 10 days) and/or alternative school placement as mandated by  
state law and school district policy. I am aware that by waiving my right to a hearing I am  
waiving my child's right to this due process hearing and I accept the school administrator's  
decision for alternative school placement for my child.

\_\_\_\_\_ I hereby waive my right to a hearing.

\_\_\_\_\_ I would like to request a hearing to appeal the decision of the school administrator, as is  
my right. I understand that the school district will contact me within five (5) working days of  
receiving this letter to schedule a hearing.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

This form should be turned into the school district within one (1) working day of the signing of this letter by the  
school administrator.