

**DISCIPLINARY HEARING AUTHORITY**  
(More than Ten Days)

**NOTICE OF RIGHT TO APPEAL**  
(Disciplinary Hearing Authority)  
CONTACT THE PRINCIPAL OF THE SCHOOL OR THE GREENE COUNTY SCHOOL OFFICE WITHIN FIVE DAYS OF RECEIPT OF THIS NOTICE TO APPEAL THE DISCIPLINE ACTION. THE DISCIPLINE HEARING WILL BE A CLOSED HEARING.

Date of Notice: \_\_\_\_\_ School: \_\_\_\_\_

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

Parents/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I would like to appeal the discipline decision for the student listed above:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date