



KERN COUNTY BOARD OF EDUCATION
1300 17th Street – City Centre
Bakersfield, CA 93301- 4533

EXPULSION APPEAL

Dear Appellant:

Attached is a packet of information for an Appeal of an Expulsion before the Kern County Board of Education (County Board). The packet contains the following items:

1. **Request for Appeal of Expulsion and County Board Hearing Form** - *The Notice of Appeal **must** be filed within **30 calendar days** from the date of the local board's decision to expel. Once filed, an appeal hearing date will be scheduled within 20 school days (Ed. Code 48919).*
2. **Request for Interpreter Assistance Form** - *Submit this form with the Notice of Appeal to indicate if assistance with oral translation in the language of the appellant will be necessary.*
3. **Request for Transcript and Supporting Documents from District Form** - *It is your responsibility to **contact the school district on the same day that the Notice of Appeal is filed** to request a copy of the record of the proceeding, which includes the written transcription of the hearing held before the governing board, hearing officer or administrative hearing panel of the district.*

The County Board's decision on the appeal shall be final and binding upon the student, and upon the school district governing board.

If you have any questions or need further assistance preparing the appeal, please call Dennis Franey at (661) 636-4680.

Sincerely,

John G. Mendiburu, Ed.D.
Kern County Superintendent of Schools
Kern County Office of Education

Enclosures: Request for Appeal of Expulsion Form
Request for Interpreter Assistance Form
Request for Transcript Form



**KERN COUNTY BOARD OF EDUCATION
1300 17th Street – City Centre
Bakersfield, CA 93301-4533**

**REQUEST FOR APPEAL OF EXPULSION
AND COUNTY BOARD HEARING (*Ed. Code 48919*)**

This Expulsion Appeal is submitted to the Kern County Board of Education by:

PARENT/GUARDIAN'S NAME: _____

RELATION TO STUDENT NAMED BELOW: _____

HOME ADDRESS: _____
Number Street City Zip Code

HOME PHONE: _____ **WORK PHONE:** _____
Number Number

CELL PHONE: _____ **EMAIL ADDRESS:** _____
Number

ATTORNEY OR REPRESENTATIVE (IF APPLICABLE): _____

MAILING ADDRESS: _____
Number Street City Zip Code

TELEPHONE: _____
Number

On behalf of:

STUDENT'S NAME: _____

DATE OF BIRTH: _____ **GRADE:** _____

SCHOOL: _____ **DISTRICT:** _____

DATE OF DISTRICT EXPULSION HEARING: _____

DATE OF DISTRICT EXPULSION DECISION: _____

(if different than hearing date; for example District Board Mtg. Date)

I understand that under Education Code Section 48919, I have the **right to appeal the expulsion to the Kern County Board of Education within 30 days** of the district governing board's decision to expel.

I also understand that, under Education Code Section 48922, the review by the Kern County Board of Education of the decision of the district governing board shall be **limited to the four causes listed below**.

Please check one or more of the items listed below, as appropriate, and, if you choose, explain the specific grounds in the space provided. This factual information may help you present your case and assist the Kern County Board of Education to make an informed decision.

(1) _____ The district governing board acted without or in excess of its jurisdiction. This includes, but it not limited to, when the expulsion hearing did not start within the statutory time limit, the expulsion is not based on statutory grounds, or the acts of the pupil were not related to school activity or attendance.

(2) _____ There was not a fair hearing before the governing board.

(3) _____ There was prejudicial abuse of discretion in the hearing before the district governing board. This means that the district did not meet the procedural requirements of the statutes, the decision is not supported by the findings required by statute, or the findings are not supported by the evidence.

(4) _____ There is relevant and material evidence which, in the exercise of reasonable diligence, could not have been produced or which was improperly excluded at the hearing before the district governing board.

I understand that I have the right to representation at the County Board expulsion appeal hearing, and that I may submit written documentation that relates to the item(s) checked above.

I understand that the County Board of Education will hold a hearing on this matter within twenty (20) school days after receiving the completed and signed copy of this document.

I understand that the hearing before the County Board of Education **will be in closed session unless I request, in writing at least five (5) days prior to the hearing,** that it be held in open session.

I hereby grant the Kern County Board of Education and its authorized representative's access to the above-named pupil's records as needed for considering this appeal.

Signature of Parent/Guardian

Date

Please return this completed and signed form to:

Christina Fabrizio, Executive Secretary
KERN COUNTY SUPERINTENDENT OF SCHOOLS
1300 17TH Street – City Centre 6th Floor
Bakersfield, CA 93301- 4533
661-636-4680
Fax 661-636-4121
chfabrizio@kern.org

If you have any questions about the expulsion appeal process or need assistance in completing this form, you may call or email Dennis Franey (defraney@kern.org) at (661) 636-4680.



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1300 17th Street – City Centre
Bakersfield, CA 93301- 4533**

REQUEST FOR INTERPRETER ASSISTANCE

Please check the appropriate response below.

I would like to have the assistance of an interpreter at the expulsion appeal hearing before the County Board of Education.

Yes, I would like an interpreter.

No, I do not require an interpreter.

If the response above is yes, please specify the language to be spoken by the interpreter:

(Language)

Signature of Parent or Guardian

Date Signed

Please return this form to:

Christina Fabrizio
Executive Secretary
District Advisory Services
Kern County Superintendent of Schools
1300 17th St. – City Centre
Bakersfield, CA 93301-4533
661-636-4680
Fax 661-636-4121
chfabrizio@kern.org



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**REQUEST FOR TRANSCRIPT AND SUPPORTING DOCUMENTS
FROM DISTRICT**

*(This letter must be received by the district superintendent on or before filing
the Request for Appeal)*

Date: _____

Dear _____, Superintendent

This is to inform you that I am filing a "Request for Appeal" on the expulsion of my daughter/son, _____, with the Kern County Board of Education. Education Code §48919 requires that I request from you a transcript of the expulsion hearing and supporting documents certified by you or by the Clerk of the Board to be a true and complete copy of the entire record considered by the board.

I understand that these documents will be prepared within ten (10) schooldays of this request and the filing of the Request for Appeal with the Kern County Board of Education, provided my **Request for Appeal** is within 30 days of the school board's decision to expel. Kern County Board of Education policy requires that either your office will send a copy of the transcript and supporting documents directly to the Kern County Board of Education, upon our mutual consent, or that I take responsibility for the delivery of the transcript and documents within one (1) day of completion by your office. I am requesting that *(please circle number one or number two below)*:

1. You send a copy of the documents directly to the Kern County Board of Education and a copy to me at the following address:

OR

2. Inform me immediately when these documents are ready. I will arrange for their pick up at your office, duplication of a second copy, and receipt at the Kern County Board of Education office within one (1) working day of their availability from your office.

You may contact me regarding this request at _____

Telephone Number

Signature

Print Name