



Hearings Department  
Child Welfare and Attendance  
1120 Government Street  
Baton Rouge, LA 70802  
Office (225) 239-7870, Fax (225) 227-2841

### 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