

S.B. 40 Hearing Request Form

Name of Requestor: _____	
Name of Aggrieved Student: _____	Name of School Involved: _____
Address: _____	
Email Address: _____	
Telephone Number: _____	
Describe the action, order, or policy of the U.S.D.369 Public Schools Board of Education you wish to contest and date of contested action.	_____ _____ Date of Contested Action: _____ Please note that actions, orders, or policies not taken within the last 30 days, those which are not taken in response to the disaster emergency related to the COVID-19 health emergency, or those which do not affect the operation of any school or district attendance center are not subject to the provisions of S.B. 40 entitling the requestor to a hearing within 72 hours. Requests regarding a board action, order, or policy not meeting the aforementioned requirements may be dismissed without hearing.
Please indicate which category is applicable to the Requestor by checking the box preceding the option.	I have standing to request this hearing as a current U.S.D. ___ employee, student, or parent, or guardian of a student allegedly aggrieved by such a decision. Please be advised that only individuals who are present U.S.D. ___ employees, students, or parents or guardians of students allegedly aggrieved by the board decision have a legal right to request a hearing pursuant to this legislation. Requests for hearing made by persons without such standing may be dismissed without hearing.
On what grounds are you contesting the board action described above?	_____ _____ _____ _____ _____ Attach additional sheets if necessary.
What action do you believe the board should take to resolve this situation?	_____ _____ The request must specify how the specific action, order or policy in issue could be more narrowly tailored to respond to the disaster emergency addressed by the action, order or policy under review, and suggest less restrictive means, if any, to achieve such purpose.
If the request is not dismissed for procedural reasons as stated above, the Requestor will be contacted by the method(s) provided above regarding the scheduling of a hearing within the 72 hours of filing this request with the board clerk or superintendent of schools of the district. Failure to appear at the scheduled hearing will be deemed a waiver of the right to a hearing on this matter.	
Signature of Requestor: _____ Date Submitted: _____	
Date Received: _____	

All requests for hearing must be hand delivered to the Board Clerk at the USD 369 District Office – Burrton, Kansas during regular business hours of 8:00AM-4:00PM.