



## CONSENT FOR PERSON TO ATTEND A DISCIPLINARY ADVISORY COUNCIL

(Revised 6/14/2024)

Student:	Student #:	School Name:
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### **Consent for Authorized Person to Attend for Parent/Guardian**

*Schools are responsible to complete the student information and list student representatives (high school), and provide to parent to review and sign.*

I, \_\_\_\_\_, grant permission to \_\_\_\_\_, to  
Parent/Guardian Name (Print) Name of Person and Relationship

attend the Disciplinary Advisory Council Hearing scheduled on \_\_\_\_\_ regarding my child. I understand the hearing is confidential and that I consent for the person attending in my place to receive information and participate in the discussion as necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Acknowledgement for Student Representatives to Participate**

I understand that student representatives (high school only) participate as voting members during the hearing. I acknowledge their participation in my child's DAC Hearing.

Student Name:	Student Name:
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Parent/Guardian Initial: \_\_\_\_\_

### **Parent/Guardian Consent for Witnesses - Student or School Personnel**

*Parent/Guardian to prepare and confirm witnesses on own, and complete and sign this section.*

As the parent/guardian, I have identified personnel or student, no more than five witnesses, to be present at the hearing to provide witness testimony or support for my child as he/she is involved in my student's disciplinary action and has knowledge of the event. I will confirm their participation. I understand that a student witness, younger than 18 years, will need written parent/guardian consent to participate.

\_\_\_\_\_  
Witness 1 Name and Indicate if a Student

\_\_\_\_\_  
Witness 2 Name and Indicate if a Student

\_\_\_\_\_  
Witness 3 Name and Indicate if a Student

\_\_\_\_\_  
Witness 4 Name and Indicate if a Student

\_\_\_\_\_  
Witness 4 Name and Indicate if a Student

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_