**Request for Disciplinary Hearing Waiver – Weapons Violation (Grades 6-12)**

Completing this request will help to determine whether or not the student’s actions warrant a disciplinary hearing/transfer. In addition to this form, the following documents are required in order for this request to be processed: Witness statement from the student, Witness statement from the staff who recovered the weapon, and a photo of the weapon. Please submit this form along with all documents to [disciplinedocuments@philasd.org](mailto:disciplinedocuments@philasd.org) for Office of Student Rights and Responsibilities review. *Note: This form must be completed and submitted by the Principal or the Principal’s Designee.*

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Student ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weapons Waiver Rubric: Complete the rubric and total the points in the last row.**

| FACTORS | POINT VALUES  0 = factors not present  2 = factors moderately present  4 = factors strongly present | EXPLANATION OF POINT VALUE |
| --- | --- | --- |
| Additional Weapons Violations | 0 or 1  2 or 3  4 |  |
| Post-Suspension Behavior Infractions | 0 or 1  2 or 3  4 |  |
| History of Disciplinary Violations | 0 or 1  2 or 3  4 |  |
| Manner in which weapon was used | 0 or 1  2 or 3  4 |  |
|  | Total |  |

If the total from the above rubric is greater than 8, please describe any extenuating circumstances that may have led to the misconduct, such as being a victim of a crime, recent or chronic trauma, behavioral/mental health concerns etc.

Please discuss the student’s 1) overall academic performance 2) attendance 3) behavioral history 4) prior interventions (if applicable) 5) parental involvement and 6) if the victim is still in the building.

Principal/Designee Name (print): Principal/Designee Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_