



## COVID-19 Health Emergency Hearing Request Form

Kansas Senate Bill No. 40 grants authority to the Morris County Public School District Board of Education to take any action, issue any order, or adopt any policy, in response to a COVID-19 state of disaster emergency, which affects the operation of any school or attendance center of the school district.

An employee, a student or the parent or guardian of a student aggrieved by an action taken, order issued, or policy adopted by the Board of Education of the District or an action of an employee of the District violating any such action, order, or policy, may request a hearing by the District’s Board of Education to contest the action within thirty (30) days of the action.

The District’s Board of Education and Superintendent will conduct a hearing within seventy-two (72) hours of receiving a request for hearing. USD 417 deems the complaint is filed once this form is properly filled out and turned into the Superintendent at 17 Wood Street, Council Grove, KS. Complaints after the close of normal business hours will be deemed received at the start of the next business day. If the 72 hours expires during a weekend or holiday, the hearing will take place the first business day following the weekend or holiday. All hearings shall be open to the public unless the complainant requests the hearing to be closed under a recognized exception to the Kansas Open Meetings Act.

The District’s Board of Education will issue a hearing decision within seven (7) days after the hearing is conducted.

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### REQUESTOR’S PERSONAL INFORMATION (Please Print):

\*Name: \_\_\_\_\_

Please check which status you fall under:  Student  Employee  Parent/Guardian  
 Other (Please specify) \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Phone Numbers: (Cell) \_\_\_\_\_ Work: \_\_\_\_\_

\*Student(s) Name: \_\_\_\_\_

\*School(s) of Attendance: \_\_\_\_\_

\*Employee (Department or school site): \_\_\_\_\_

### \*CONTESTED ACTION:

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\*DATE OF THE BOE MEETING OF CONTESTED ACTION:

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\*HOW WERE YOU AGRIEVED BY THE ACTION:

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\*WHAT RESOLUTION ARE YOU REQUESTING:

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Please provide or attach any supportive documentation or information you wish to be considered.  
In order to be considered, all documentation needs to be provided at least two hours before the hearing.

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**Requestor's Signature**

**Date**

**\*REQUIRED INFORMATION IN ORDER TO PROCESS FORM.**