

EXHIBIT A

PRINCIPAL'S REPORT OF LEVEL ONE CONFERENCE

1. Student's and/or parent's name(s) Sarah Darnell for Edell Darnell
2. Campus Waskom High School
3. Date and time of conference 4-14-2016; 9:00am
4. The facts as presented by the complainant are as follows:  
Parent is concerned that her child is not being inducted into the National Honor Society.
5. In my opinion, the allegations made in the original complaint *(are) (are not)* adequately supported by the facts submitted. Explanation Student does not meet 3 of 4 pillars of the traits of national organization. Parent wants the rules changed.
6. In my opinion, the remedy sought by the complainant *(is) (is not)* justified by the facts submitted. Explanation Parent wants this to be based on grades only.
7. The decisions made or recommendations agreed upon as a result of the conference are as follows:  
Student should not be eligible for admittance to NHS based on the four pillars of the organization.

Kassie Watson  
Signature of principal

4/14/2016  
Date

Before submitting this report to the Superintendent or designee, attach a copy of the written response that was given to the student or parent.

Received by  
Jimmy S. Cox  
Superintendent or designee

4-14-16  
Date

EXHIBIT B

NOTICE OF COMPLAINT AT LEVEL TWO

This form must be filled out completely by a student or parent filing a Level Two complaint with the Superintendent or designee, in accordance with FNG(LOCAL) or any exceptions outlined therein.

1. Name Edell Darnell (Sarah Darnell)
2. Campus Waskom High School
3. Address 415 Roma Rd Waskom TX 75692
4. Home telephone 903-370-9127
5. To whom did you last present your complaint? Superintendent  
Date of conference 4-14-16 9AM
6. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.  
Name Sarah Darnell  
Address 415 Roma Rd Waskom TX 75692  
Telephone number 903-370-9127
7. Please state the date of the event or series of events causing your complaint  
induction process for NHS
8. Please state your complaint, including the individual harm alleged.  
Rejection of selection ~~process~~ of NHS. It would  
cause ~~me~~ self harm of child
9. Please state specific facts that support your complaint (list in detail).  
Probs. Respect the four Pillars of NHS
10. Please state the remedy you seek for this complaint.  
To change some of the guidelines of NHS  
selection
11. Attach a copy of the Level One decision.

Sarah Darnell  
Student or parent signature

4-14-16  
Date submitted

EXHIBIT C

SUPERINTENDENT'S REPORT OF LEVEL TWO CONFERENCE

1. Student's and/or parent's name(s) Edell Darnell((student) Sarah Darnell(Pare
2. Date and time of conference 4-14-16 9:00 AM
3. The facts as presented by the student or parent are as follows:

There was no facts presented by the parent  
pertaining to the complaints.

4. In my opinion, the allegations made in the original complaint (are (are not)) adequately supported by the facts submitted. Explanation

The facts are that Ednell Darnell did not  
qualify the 3 of the 4 pillars for induction into NHS.  
(Service, Leadership and Character)

5. In my opinion, the remedy sought by the student or parent (is (is not)) justified by the facts submitted. Explanation

Parent wants the sponsor to not consider  
these 3 pillars for induction into the NHS

6. The decisions made or recommendations agreed to as a result of the conference are as follows:

Edell Darnell is not eligible for induction  
into the WASKom High School National Honor Society

Jimmy E. Coy  
Signature of Superintendent or designee

4-14-16  
Date

Before submitting this report to the Board, attach a copy of the student's or parent's original written complaint (Exhibit B), a copy of the Level One Report (Exhibit A), and copies of the written responses that have been given to the student or parent by the principal and by the Superintendent or designee.

Received by (if completed by a designee)

Jimmy E. Coy  
Superintendent

4-14-16  
Date

EXHIBIT D

NOTICE OF APPEAL TO THE BOARD AT LEVEL THREE

This form must be filled out completely by a student or parent appealing a Level Two decision to the Board, in accordance with FNG(LOCAL) or any exceptions outlined therein.

1. Name Edell Darnell (Sarah Darnell)
2. Campus WASKOM High School
3. Address 415 Roma Rd Waskom Tx 75692
4. Home telephone 903-370-9127
5. To whom did you last present this complaint? Superintendent  
Date of conference 4-14-16 9AM
6. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.  
Name Sarah Darnell, Edell Darnell  
Address 415 Roma Rd  
Waskom Tx 75692  
Telephone 903 370-9127
7. Attach a copy of your original Level Two complaint.
8. Attach copies of the Level One and Level Two decisions.

Sarah Darnell  
Student or parent signature

4-15-16  
Date submitted