



Hearings Department
Child Welfare and Attendance
1120 Government Street
Baton Rouge, LA 70802
Office (225) 239-7870, Fax (225) 227-2841

Student Statement
(To be used by student(s) recommended for expulsion)

STUDENT NAME: _____ SCHOOL: _____ GRADE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

STATEMENT OF INCIDENT

(USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE STATEMENT)

PLEASE NOTE WHO? WHAT? WHEN? WHERE? WHY? HOW?

SIGNATURE OF STUDENT

DATE

PRINTED NAME OF STUDENT

STATEMENT OF INCIDENT(cont.)

SIGNATURE OF STUDENT

DATE

PRINTED NAME OF STUDENT