

REQUEST FOR AN EXPULSION HEARING DATE

Date of Request:

Name of School:

Student Name:

Student ID No.:

Student's Grade:

Status: Select One

Beginning Suspension Date:

No. of Suspensions:

Offense:

Name of Requestor:

Phone No.

Requestor's email address:

All requests must be approved by your Executive Director

Name of Executive Director	
Date of Approval	

- CANCELLATION POLICY:** 1. Send email canceling hearing to: cwa@ebrschools.org
2. De-select "Recommend Expulsion" box in JCampus.

Email this request to: cwa@ebrschools.org

The CWA Dept. will contact the requestor by phone and email with the date and time of the hearing.

To Be Completed by the Office of Child Welfare & Attendance Only				
Assigned Hearing Officer:				
Date of Hearing	Time	Location of Hearing:	<input type="checkbox"/> CWA Office	<input type="checkbox"/> School