

## 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:**

<b>All requests must be approved by your Executive Director</b>	
<b>Name of Executive Director</b>	
<b>Date of Approval</b>	

**Email this request to: [cwa@ebrschools.org](mailto:cwa@ebrschools.org)**

The CWA department 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				
<b>Assigned Hearing Officer:</b>				
<b>Date of Hearing</b>	<b>Time</b>	<b>Location of Hearing:</b>	(    ) CWA Office	(    ) School