



REQUEST FOR AN EXPULSION HEARING DATE

Email completed requests to: cwa@ebrschools.org

Date of Request: _____

Name of School: _____

Student Name: _____ SID No.: _____

Student Grade: _____ Status: _____

Beginning Suspension Date (M/D/Y): _____ No. of Suspensions: _____

Offense: _____

Name of Requestor: _____ Requestor Phone No.: _____

Requestor Email Address: _____

All requests must be approved by your Executive Director

Name of Executive Director	
Date of Approval (M/D/Y)	

Cancellation Policy:

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

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

Group Separation Form (if applicable, check one):

___ YES (if yes, please attach form with hearing request) ___ NO

Waiver Form (if applicable, check one):

___ YES (if yes, please attach form with hearing request) ___ NO

TO BE COMPLETED BY THE OFFICE OF CHILD WELFARE & ATTENDANCE ONLY

Assigned hearing officer:				
Date of Hearing:	Time of Hearing:	Location of hearing:	___ CWA Office	___ School