



REQUEST FOR AN EXPULSION HEARING DATE

Email completed requests to: cwa@ebrschools.org

Date of Request (M/D/Y): _____ Name of School: _____

Student Name: _____ Student Grade: _____

SID No.: _____ Status: _____ Date of Incident (M/D/Y): _____

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

Offense: _____

Name of Requestor: _____ Phone No.: _____

Requestor's Email Address: _____

1. Group Separation Form (if applicable, check one):

_____ YES (if yes, attach with this form) _____ NO

2. Waiver Form Available (if applicable, check one):

_____ YES (if yes, attach with this form) _____ NO

3. Threat Assessment Completed (if applicable, check one):

_____ YES (if yes, attach with this form) _____ NO

4. Level 3 or 4 Infraction

_____ YES _____ NO

5. Habitual Violations Recommendation with evidence of progressive discipline:

_____ YES _____ NO

6. Act 324 Compliance with evidence

_____ YES _____ NO

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.

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

Assigned hearing officer: _____

APPROVED DENIED

Date of Hearing: _____

Time of Hearing: _____

Location of
hearing:

☐

CWA Office

☐

School