

**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: _____

Date of Incident (M/D/Y): _____

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

Offense: _____

Name of Requestor: _____ Requestor Phone No.: _____

Requestor Email Address: _____

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: _____

Level 3 or 4 Infraction	Habitual Violations Recommendations with evidence of progressive discipline	ACT 324 Compliance with evidence	Adequate notification of time
YES NO	YES NO	YES NO	YES NO
APPROVED DENIED Notes:			
Date of Hearing:	Time of Hearing:	Location of hearing:	<input type="checkbox"/> CWA Office <input type="checkbox"/> School