Port Orford-Langlois School District 2CJ

Code: JHFDA-AR(1)
Adopted: 11/14/00
Revised/Readopted: 6/8/04
Orig. Code(s): JHFDA-AR(1)

Request for a Suspended Driving Privilege - Conduct

Name of Student _____

Address of Student _____

Date of Birth _____ ODL Number (if applicable) _____

Number of requests for suspension on this student: □ one □ two or more

Type of privilege requested for suspension:

□ Driving privilege
□ Application for driving privilege

Length of suspension requested:

□ No more than one year
□ Six months
□ Six weeks
□ Other

If two or more requests for suspension have been made on this student:

□ Two years
□ Until student is 21 years of age

Type of infraction:

□ Expelled for bringing a weapon on school property.
□ Suspended or expelled at least twice for assaulting or menacing a school employee or another student, for willful damage or injury to district property or for use of threats, intimidation, harassment or coercion against a district employee or another student; possessing, using or delivering any controlled substance or being under the influence of any controlled substance at a school or on school property or at a school-sponsored activity, function or event.

This written request is submitted on _____ by:

Name: _____ Title: _____

District: _____ Date: _____