

Morrow County School District

Code: **JHFDA-FORM(1)**

Adopted: 5/12/03

Rescind All: 10/14/19

~~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~~
- ☐ ~~Other _____~~
- ☐ ~~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.~~

This written request is submitted on _____ by:

Name: _____ Title: _____

District: _____ Date: _____