

Request for a Suspended Driving Privileges

Name of Student _____

Address of Student _____

Date of Birth _____ ODL License 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

Single Violation-Length of suspension requested:

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

Multiple Violations-Length of suspension requested:

- Two years
- Other
- Until student is 21 years of age

Type of infraction:

- Ten consecutive days unexcused absence or 15 cumulative days unexcused absence in a single semester.
- 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 a controlled substance or being under the influence of a controlled substance at a school or on school property or at a school-sponsored activity, function, or event.

This written request is submitted by _____
Name Title

Date: _____