

Fern Ridge School District 28J

Code: **JHFDA-AR**  
Adopted: 9/10/01  
Revised/Readopted: 5/23/05  
Orig. Code(s): 5550

**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

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 district property.

\_\_\_ Suspended or expelled at least twice for assaulting or menacing a district 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 by: \_\_\_\_\_

(Name)

(Title)

Date: \_\_\_\_\_ District: \_\_\_\_\_

**Notice of Withdrawal**

Student Name (Print Last, First, Middle)			
Student Address		City	State Zip Code
Date of Birth (MM/DD/YYYY)	Oregon Driver License/ID Number (If Known)	Last Day of Attendance (MM/DD/YYYY)	
I hereby notify the Department of Transportation to suspend the driving privileges of the above named student because the student is considered to have withdrawn from school per ORS 339.257(2). The policy adopted under ORS 339.257 meets all requirements of the law including: The number of days of unexcused absence; the age of the student; and, a provision allowing the student to appeal this decision.			
Name of School District or Private School		Telephone Number ( )	
Address		City	State Zip Code
Title: School District Superintendent      School Board Member/Superintendent      Authorized Representative of Private School			
Name of Authorized Person (Please Print)			
Signature X		Date	

735-7186 (-00)

White copy to DMV, Yellow copy for your records

STK# 300161