

Helix School District 1R

Code: **JHFDA-AR(1)**
Adopted: 7/2/97
Orig. Code(s): None

Request for a Suspended Driving Privilege - Conduct

Students Name _____

Address of Student _____

Date of Birth _____ ODL License # (if applicable) _____

Number of requests for suspension on this 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 request 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 to school
- _____ 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 by _____
Name Title

Signature

Date