

**Klamath County
School District**

Code: **JHFDA-AR**
Revised/Reviewed: 7/22/04; 5/17/12
Orig. Code(s): JHFDA-AR

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

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

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 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 on _____ by: _____

Name: _____ Title: _____

District: _____ Date: _____

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Transportation to suspend the driving privileges of the above named student because the student is considered to have withdrawn from school per ORS 339.257 (2).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				
Name of School District or Private School			Telephone Number ()	
Address		City	State	Zip Code
Title <input type="checkbox"/> School District Superintendent <input type="checkbox"/> School Board Member/Superintendent <input type="checkbox"/> Authorized Representative of Private School				
Name of Authorized Person (Please Print)				
Signature X			Date	

White copy to DMV, Yellow copy for your records