

**Milton-Freewater
School District 7**

Code: **JHFDA-AR**
Adopted: 10/10/00

Request for Suspended Driving Privilege

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 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