

North Marion School District 15

Code: **JHFDA-AR**
Adopted: 12/11/95

Request for Suspended Driving Privilege

Name of Student _____

Address of Student _____

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

Number of request for suspension of 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 the student is 21 years of age

Type of infractions:

- _____ 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 student.

This written request is submitted by _____
Name Title

_____ on _____
District Date