

Oakland School District 1

Code: **JHFDA-AR**
Adopted: 12/16/97

Request for 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 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

_____ on _____
District Date