

Scappoose School District 1J

Code: **JHFDA-AR**
Revised/Reviewed: 1/09/06; 9/10/18
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
- 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
- OTHER _____

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

Name of Student _____

Address of Student _____

Date of Birth _____ ODL Number (if applicable) _____

Last Day of Attendance _____

I hereby notify the Department of Transportation to suspend the driving privileges of the above name student because the student is considered to have withdrawn from school per ORS 339.257(2).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 allowing the student to appeal this decision.

Name of School District or Private School

Telephone Number

Address

City State Zip Code

Name of Authorized Person (Please Print)

Title

Signature

Date