

Silver Falls School District 4J

Code: JHFDA-AR(1)
Adopted: 11/14/95-E
Readopted: 9/8/97; 11/13/00; 8/04

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

[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: \_\_\_\_\_