

REQUEST FOR AN EXPULSION HEARING DATE

Date of Request:

Name of School:

Student Name:

Student ID No.:

Student's Grade:

Status: Select One

Beginning Suspension Date:

No. of Suspensions:

Offense:

Name of Requestor:

Phone No.

Requestor's email address:

All requests must be approved by your Executive Director	
Name of Executive Director	
Date of Approval	

CANCELLATION POLICY: 1. Send email canceling hearing to: cwa@eberschools.org
2. De-select "Recommend Expulsion" box in JCampus.

Email this request to: cwa@eberschools.org

The CWA Dept. will contact the requestor by phone and email with the date and time of the hearing.