



## Principal Request for Extended Suspension (Expulsion Packet)

School Site:	Person completing the request:		
Student's Full Name:	Student DOB:		
Grade Level:	Student Ethnicity:	Gender:	
Parent/Legal Guardian:		and	
Mailing Address:	City:	City:Zip:	
Home Telephone:	Cell phone:	Work phone:	
Educational Program:	If SPED	SPED, date of most current IEP:	
Suspension Information: First/Last Day of Suspension: Total number of days suspended Total number of days suspended Total number of days suspended	in semester 2	Was the student give tell their side of the s Yes If NO why:	
	If YES, did they write a witness statement:		
48900:			
48915:			
(Factual Findings) A "finding" must spe for the expulsion. The finding must spe finding must be based upon evidence documents or conversation	ell out the facts (where, when, what)	sufficiently to verify the student e ing, not information provided in	engaged in misconduct. The any non-formal expulsion
Requested by:	Title:	Da	ate:
Signature:	Date:		