

Request for Suspended Driving Privilege

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: _____

District: _____