

CALCASIEU PARISH SCHOOL BOARD

REQUEST FOR EXPULSION

FAX to: 217-4237

Student's Name: _____ Student ID#: _____

School: _____ Birth Date: _____

Race: _____ Gender: _____ Grade: _____

Guardian: _____

Address: _____

Address: _____

Telephone: _____

The above named student has been suspended from school this year for the following reasons:

Date: _____

Date: _____

Infraction Code: _____

Infraction Code: _____

Date: _____

Date: _____

Infraction Code: _____

Infraction Code: _____

As a result of the infraction(s) noted above we are recommending expulsion.

Administrator's Name