Dayton School District

Suspension/Expulsion Readmission Application

Student Name _____ *Grade* _____

Address _____ *Phone number(s)* _____

_____

Reason for Suspension/Expulsion _____ *Date Suspended/Expelled* _____

Special Education student Yes No

To be completed by the student. Attach additional pages if necessary)

1. Describe what you did (your behavior) to get expelled?

2. What could you have done differently in this situation?

3. What steps are willing to take, or have taken, in an effort to demonstrate this type of behavior will not repeat.

Attachments (optional)

Statement from parent or guardian in support of the student's request to be readmitted.

Supporting letters of reference from members of the community, court system, or other agencies in regards to the readmission of the student.

_____ _____

Student Signature Parent Signature

_____ _____

School representative signature Date received