

# ABERDEEN SCHOOL DISTRICT

P.O. BOX 607  
ABERDEEN, MS. 39730-0607

## Application for Readmission (Board Policy JDG)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ When were your expelled? \_\_\_\_\_

What have you been doing since you were expelled? Include documentation of your successful participation in a rehabilitation program, alternative school, or other programs as may be appropriate based on the reason(s) for your expulsion.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you applying for readmission?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information you wish to provide:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*This section below is for Office use only\*\*\*\*\*

Date application received: \_\_\_\_\_

Board hearing date: \_\_\_\_\_

Board Decision: \_\_\_\_\_

Notification to Applicant: \_\_\_\_\_