

Woodridge Local School District

NOTICE OF INTENTION TO EXPEL

Student's Name: _____ Date: _____

Name of Parent or Guardian

Address

Dear _____:

This letter is to inform you that it is possible the _____ may expel _____ from school for the following reasons specified in the Code of Conduct:

_____ and his/her parent, guardian, custodian, or representative have the opportunity to appear before the _____ to challenge the reasons for the possible expulsion or to otherwise explain the student's actions. The hearing is to be held not less than three (3) day(s) nor more than five (5) day(s) after this notice was delivered, but if you are unable to attend at the time indicated below, you have the right to request an extension by contacting the _____ by phone at _____ or by letter at _____. Such extension will not exceed five (5) day(s). If an extension is granted, you will be notified of the new time and place.

[] The offense of which you are guilty also subjects you to the possibility of permanent exclusion from Ohio schools.

The hearing is to be conducted at:

Location Date Time

Superintendent