

REQUEST FOR READMISSION

Student's Name: _____ Grade: _____ School: _____

Mother's Name: _____

Father's Name: _____

Date of Request: _____

Date of Expulsion _____

The following are the reasons (I)(we) believe our child should be readmitted to school:

(I)(We) and (my)(our) child have read the conditions under which readmission may be granted by the Board and agree to both abide by each condition and cooperate fully with the administration to ensure proper behavior in the future.

Parent's Signature: _____

Parent's Signature: _____

Student's Signature: _____

The Committee approves the readmission of the student effective on _____.

The Committee does not approve the readmission of the student for the following reasons:

Committee Chairman

Date