

MIAMI-DADE COUNTY PUBLIC SCHOOLS

REQUEST FOR EXPULSION/ALTERNATIVE EDUCATIONAL PLACEMENT

Date: _____ DATE OF INCIDENT: _____
SCHOOL NAME: _____ Work Location # _____
Student Name _____ ID# _____ Grade: Choose an item.
SWD: Y N Section 504: Y N GIFTED: Y N SEX: F M ETH: _____ ELL: YES NO
Student's Date of Birth _____ F/R LUNCH YES NO
Student Address (including apartment # and zip code):

Parent's Name _____ Parent's Telephone Number _____
Parent's E-Mail: _____

DATE OF CONFERENCE WITH PARENT REGARDING THIS RECOMMENDATION:

CODE (E5, R4, ETC) DOCUMENTED IN DSIS: _____ PARENT SIGNED FM 7603: YES NO

DATE THREAT ASSESSMENT CODE ENTERED IN DSIS:

THE PARENT/GUARDIAN HAS ACCEPTED THE MENTAL HEALTH SERVICES RECOMMENDED BY THE THREAT ASSESSMENT TEAM YES NO

RECOMMENDED ACTION: Choose an item. INFRACTION:

*WEAPON INVOLVED: YES NO DESCRIPTION: Choose an item.

*DRUGS INVOLVED: YES NO DESCRIPTION, AMOUNT:

*ATTACH PHOTO(S) YES NO CONFISCATED BY: Choose an item.

ANALYSIS CONFIRMED SUBSTANCE TO BE:

DID THIS INCIDENT OCCUR VIA ELECTRONIC MEANS? YES NO

M-DCPS POLICE CALLED: YES NO SCM#/SESIR # _____

NON-M-DCPS POLICE CALLED: YES NO CASE# _____

OFFENDER APPREHENDED: YES NO N/A Choose an item.

(Please complete both sides of this form. Scan and email to altd@dadeschools.net for your request to be processed)

