

MIAMI-DADE COUNTY PUBLIC SCHOOLS

TO: DIVISION OF EDUCATIONAL OPPORTUNITY AND ACCESS DATE _____

FROM: SCHOOL NAME _____ SCHOOL NUMBER _____

SUBJECT: EXPULSION REQUEST

STUDENT NAME _____ ID # _____ GRADE _____

SWD Y N 504 A.P. Y N GIFTED Y N SEX _____ ETH _____

ADDRESS OF STUDENT (INCLUDING ZIP CODE) _____

NAME OF PARENT _____ PHONE _____

STUDENT'S DATE OF BIRTH _____ F/R LUNCH

SCM # FOR THIS REFERRAL ACTION _____ YES NO

RECOMMENDED ACTION (EXPULSION, WAIVER) LEP

CODE OF CONDUCT LEVEL OF BEHAVIOR _____ YES NO

(LEVEL) I II III IV V

WEAPON INVOLVED YES NO

DESCRIPTION _____

DRUG INVOLVED YES NO

DESCRIPTION, AMOUNT _____

CONFISCATED BY (SCHOOL, POLICE, SECURITY) _____

ANALYSIS CONFIRMED SUBSTANCE TO BE _____

INCIDENT DATE _____

INCIDENT TIME _____

ID# OF VICTIM (S) _____

INJURY INVOLVED YES NO

DESCRIPTION, EXTENT OF INJURY _____

DATE OF CONFERENCE WITH PARENT RE: RECOMMENDATION _____

EXTENT OF MEDICAL ATTENTION: None First Aid Emergency Room
Hospital Number of Days _____

DATE INJURED STUDENT RETURNED TO SCHOOL, OR HAS NOT RETURNED _____

M-DCPS POLICE CALLED YES NO IF YES, *SPAR # _____

POLICE CALLED YES NO IF YES, CASE NUMBER _____

OFFENDER APPREHENDED YES NO Released to Parents
Taken to Juvenile Assessment Center

Table with 2 columns: ID# OF CO-OFFENDERS, ACTION TAKEN. Multiple rows for data entry.

ID# OF WITNESS (ES) NAME (S) OF NON-STUDENT WITNESSES

Full Description of the Incident Relative to this Offense (Previous School History will be Taken from SCM):

Date of Incident: _____ Student's Name _____ ID #: _____

*School Police Activity Report