

Northwest Local School District
Request for Expulsion Appeal

Parent/Guardian Name: _____

Student Name: _____

Address: _____

Student date of birth: _____

School: _____ Grade: _____

Phone number where you can be contacted during the day:

home/work: _____ or cell: _____

Number of days of expulsion: _____

Dates of expulsion: _____

Name of administrator who dealt with this discipline issue with your child:

Reason for expulsion:

Why are you appealing this expulsion? (use a separate sheet if necessary)

What would you like the Northwest Board of Education to do concerning your child's expulsion?

Parent/Guardian Signature

Return to: Northwest Local School District
Dustin Gehring
3240 Banning Road
Cincinnati, Ohio 45239
Phone: (513) 923-1000 ext. 3907
Fax: (513) 923-3644

*A hearing will be scheduled after these papers have been received in Student Services.

Date received in Student Services: _____