

## Northwest Local School District

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Pauletta Crowley  
Assistant Director of Community and Student Services  
3240 Banning Road  
Cincinnati, Ohio 45239

Telephone (513) 923-1000 ext. 3907  
Fax (513) 923-3644  
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To: The parents of \_\_\_\_\_

From: Pauletta Crowley  
Assistant Director of Community and Student Services

Date: \_\_\_\_\_

RE: **EXPULSION APPEAL**

A request has been received in Student Services for an appeal to the expulsion of your son/daughter. Attached is the form we would like you to complete explaining the reason for your appeal and the remedy you are requesting.

Once this form is received in Student Services, an expulsion appeal hearing will be scheduled with the Appeal Officer representing the Board of Education. These hearings are scheduled on Wednesdays during the regular school day.

**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?

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Parent/Guardian Signature

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

Date received in Student Services: \_\_\_\_\_