

PETITION FOR SCHOOL REINSTATEMENT

Saranac Community Schools

To: Saranac Board of Education

Date _____

From: _____

1. Name: _____ Age: _____
Address _____ Telephone _____

2. Names and addresses of the Parent(s) or Legal Guardian(s). (If the parents are separated or divorced, please list both if appropriate based on court decree)
Name(s): _____ Telephone # _____
Address: _____
Name(s): _____ Telephone # _____
Address: _____

3. Has the individual received any counseling since the incident? If so, where? (please circle)
Yes/No _____

4. Was there any court action taken because of the incident at school?

5. Please state the reasons why the School Board should allow you to attend Saranac Schools.

6. Please attach two letters of recommendation from persons who are not related to the expelled individual.

7. Current School Attending _____ . Please attach a report including academic progress from the school you are presently attending.

I understand that I am required to inform Saranac Community Schools, in writing, of any change of circumstances from those recorded in this petition or its attachments. I understand that failure to do so may cause the Board to revoke or deny this reinstatement.

I also understand that any false, incomplete or inaccurate information recorded in this petition or attachments may cause the Board to revoke or deny this reinstatement.

Signed: _____

Date _____