

### PETITION FOR SCHOOL REINSTATEMENT

**DATE:** \_\_\_\_\_

**TO:** Board of Education of \_\_\_\_\_  
*[Insert Name and Address of School District]*

**FROM:** \_\_\_\_\_, **Petitioner**  
*[Insert Name of Petitioner]*

**1. Status of Petitioner:**

- Parent(s) or Legal Guardian(s) of the Expelled Individual.
- Expelled Individual (18 Years of Age or Older)
- Expelled Individual (as an Emancipated Minor). *A copy of the court order of emancipation must be attached.*

**2. This Petition for Reinstatement is made on behalf of:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Parent(s) or Legal Guardian(s) of the Expelled Individual (Include names, addresses, and telephone numbers of both parents/legal guardians, if appropriate):**

Parent (s)     Legal Guardian(s)

Name(s): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Parent (s)     Legal Guardian(s)

Name(s): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

**4. Date of expulsion:** \_\_\_\_\_ **5. Grade Level of Expelled Individual:** \_\_\_\_\_

**6. Expelling School District:** \_\_\_\_\_  
*[Insert Name of Expelling School District]*

Telephone: \_\_\_\_\_

*[Insert address and telephone number if the above-petitioned school district is not the expelling school district.]*

**7. Briefly describe the incident that caused the expulsion:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Has the expelled individual received assistance from a state or county social services agency?**  
 Yes     No     Refuse to Answer\*

**If yes, attach all written documentation prepared by the agency regarding assistance the individual received from the date of expulsion to the date of this Petition.\***

Refuse to Provide Documentation\*

9. **Has the expelled individual received assistance from a state or county community mental health agency?**  
 Yes     No     Refuse to Answer\*

**If yes, attach all written documentation prepared by the agency regarding assistance the individual received from the date of expulsion to the date of this Petition.**

Refuse to Provide Documentation\*

10. **Has the expelled individual received assistance from a private mental health professional from the date of expulsion to the date of this Petition?**  
 Yes     No     Refuse to Answer\*

**If yes, attach a detailed report from the mental health professional setting forth any findings, including results of all tests and examinations performed, diagnosis, conclusions, and treatments provided from the date of expulsion to the date of this Petition.     Refuse to Provide Documentation.\***

11. **Was any criminal or juvenile court action initiated against the expelled individual as a result of the incident that caused the expulsion?**     Yes     No

Date	Charge	Case No.	Court, Address and Telephone #	Status of Case

12. **Was the expelled individual convicted as:**     an adult, or     adjudicated as a juvenile offender as a result of the incident that cause the expulsion?     Yes     No (If yes, attach a copy of the judgment of sentence or order of disposition, and information regarding their probation officer.)

Probation officer: Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

13. **Other than the incident that caused the expulsion, was the expelled individual charged or convicted of any criminal offense in any court in the United States since the expulsion date?**  
 Yes     No

Date	Charge	Court, Address and Telephone #	Status of Case

\* Refusal to answer or produce documentation may be considered by the Board in its decision whether or not to reinstate the individual.

**14. Describe the expelled individual’s attitude concerning the incident that caused the expulsion.**

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**15. a. Describe the expelled individual’s behavior since the expulsion.**

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**b. List aspects of the expelled individual’s prior school record that the Board should take into consideration.**

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**16. What is the likelihood the expelled individual will be successful if reinstated to public education in the school district?**

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**17. Attach three letters of reference from persons who are not related to the expelled individual.**

I understand that I am required to inform the Board of Education of the \_\_\_\_\_ School District, in writing, of any change of circumstances from those recorded in this Petition or its attachments. I understand that if I fail to keep the Board of Education informed, that failure may be cause to revoke or deny reinstatement.

I understand that any false, incomplete or inaccurate information recorded in this Petition for Reinstatement or its attachments may result in the denial of this Petition, or revoke the individual's reinstatement to public school.

Signed: \_\_\_\_\_  
*[Insert Name of Petitioner]*

\_\_\_\_\_  
*[Insert Name of Petitioner]*

Dated: \_\_\_\_\_