

**DISTRICT NOTIFICATION TO EXPEL/REMOVE A STUDENT TO THE
JOHNSON COUNTY JJAEP**

Program Administrator – Cristy Malott 817-556-6880 ofc. 817-556-6877 fax

STUDENT INFORMATION

Name: _____

School Year: _____ Grade: _____ DOB: _____

PEIMS #: _____ TSDS #: _____

Special Education? Yes No If yes: ED LD MR Other _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

EXPULSION INFORMATION

District: _____ Campus: _____

Contact Person: _____ Phone: _____

Expulsion Date: _____ Entrance Date: _____

To be determined by the JJAEP

Reason for Expulsion: _____

Type of Expulsion: Mandatory Discretionary Other/Court Ordered

Length of Expulsion: _____

Date of Manifestation Determination (if applicable): _____

CHECKLIST

Please have the following records available at the time of the expulsion hearing:

- | | |
|--|--|
| _____ Expulsion letter | _____ Attendance records |
| _____ Police notification or discipline referral | _____ Discipline records |
| _____ Withdrawal record w/grades | _____ Birth certificate |
| _____ Most recent report card | _____ Social Security card |
| _____ Most current transcript | _____ Immunization records |
| _____ Fall & Spring class schedules | _____ Home Language Survey |
| _____ Assessment history/scores | _____ Records for Sp.Ed., LPAC, or 504 |