

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

Program Administrator – Mandy Whitworth

817-202-4180 ofc.

817-556-6877 fax

STUDENT INFORMATION

Name: _____

School Year: _____ Grade: _____ DOB: _____

PEIMS #: _____ TSDS #: _____

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

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
- _____ Police notification or discipline referral
- _____ Withdrawal record w/grades
- _____ Most recent report card
- _____ Most current transcript
- _____ Fall & Spring class schedules
- _____ Assessment history scores
- _____ Attendance records
- _____ Discipline records
- _____ Birth Certificate
- _____ Social Security card
- _____ Immunization records
- _____ Home Language Survey

- _____ Free/reduced lunch letter of eligibility
- _____ Records for Special Education
 - * most recent full & complete ARD paperwork
 - * manifestation determination ARD paperwork
 - * most recent evaluation for SP.Ed. eligibility
- _____ LPAC
 - *language proficiency assessment committee determination
- _____ 504
 - *Section 504 eligibility determination