

McMINNVILLE SCHOOL DISTRICT

**REQUEST TO OREGON DEPARTMENT OF TRANSPORTATION
FOR SUSPENSION OF DRIVING PRIVILEGES**

Name of Student _____

Student's Address _____

Date of Birth _____ ODL Number (if applicable) _____

Number of times this student has been suspended from school: one two or more

Type of privilege requested for suspension:

- Driving privilege
- Application for driving privilege

Length of suspension requested:

- No more than one year
- Six months
- Two years
- Until student is 21 years of age
- Other _____

The reason for the request:

- Expelled for bringing a weapon to school
- Suspended or expelled at least twice for assaulting or menacing a school employee or another student; for willful damage or injury to district property; or for the use of threats, intimidation, harassment, or coercion against a district employee or another student, possessing, using or delivering a controlled substance or being under the influence of a controlled substance at a school or on school property or at a school-sponsored activity, function or event.
- More than ten consecutive school days of unexcused absences
- Fifteen school days total of unexcused absences during a single trimester

This request is submitted by _____
Name and Title

Phone _____ Date _____

Approval:

Superintendent

Date _____