

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

Program Administrator – Stephenie Locklear

817-556-6880 ofc.

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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 | _____ Records for Special Education |
| _____ Police notification or discipline referral | * most recent full & complete ARD paperwork |
| _____ Withdrawal record w/grades | * manifestation determination ARD paperwork |
| _____ Most recent report card | * most recent evaluation for SP.Ed. eligibility |
| _____ Most current transcript | _____ LPAC |
| _____ Fall & Spring class schedules | *language proficiency assessment committee |
| _____ Assessment history/scores | determination |
| _____ Attendance records | _____ 504 |
| _____ Discipline records | *Section 504 eligibility determination |
| _____ Birth Certificate | |
| _____ Social Security card | |
| _____ Immunization records | |
| _____ Home Language Survey | |