



Child Welfare & Attendance
802 Mayflower Street
Baton Rouge, LA 70802
Office (225) 456-5139, Fax (225) 456-2753

REQUEST FOR AN EXPULSION HEARING DATE

Date of Request:

Name of School:

Student Name:

Student ID No.:

Student's Grade:

Status:

Beginning Suspension Date:

No. of Suspensions:

Offense:

Name of Requestor:

Phone No.

Requestor's email address:

Email this request to: cwa@ebrschools.org

The CWA department will contact the requestor by phone and email with the date and time of the hearing.

To Be Completed by the Office of Child Welfare & Attendance Only				
Assigned Hearing Officer:				
Date of Hearing	Time	Location of Hearing:	() CWA Office	() School