



Hearings Department
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Student Statement
(To be used by student(s) recommended for expulsion)

STUDENT NAME: _____ SCHOOL: _____ GRADE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

STATEMENT OF INCIDENT

(USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE STATEMENT)

PLEASE NOTE WHO? WHAT? WHEN? WHERE? WHY? HOW?

SIGNATURE OF STUDENT

DATE

PRINTED NAME OF STUDENT