

**Nestucca Valley  
School District 101J**

Code: **JHFDA-AR**  
Revised/Reviewed: 6/14/04; 4/11/11  
Orig. Code(s): JHFDA-AR

**Request for a Suspended Driving Privilege - Conduct**

Name of Student \_\_\_\_\_

Address of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ ODL Number (if applicable) \_\_\_\_\_

Number of requests for suspension on this student:  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
- Six weeks
- Other

If two or more requests for suspension have been made on this student:

- Two years
- Other \_\_\_\_\_
- Until student is 21 years of age

Type of infraction:

- Expelled for bringing a weapon on school property.
- 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 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.

The written request is submitted on \_\_\_\_\_ By:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

District: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice of Withdrawal

Student Name (Print Last, First, Middle)		
Student Address Code		City                      State                      Zip
Date of Birth (MM/DD/YYYY)	Oregon Driver License/ID Number (If Known)	Last Day of Attendance (MM/DD/YYYY)
<p>I hereby notify the Department of Transportation to suspend the driving privileges of the above named student because the student is considered to have withdrawn from school per ORS 339.257 (2). The policy adopted under ORS 339.257 meets all requirements of the law including: The number of days of unexcused absence; the age of the student; and, a provision allowing the student to appeal this decision.</p>		
Name of District or Private School		Telephone Number (     )
Address Code		City                      State                      Zip
Title: <input type="checkbox"/> District Superintendent <input type="checkbox"/> School Board Member/Superintendent <input type="checkbox"/> Authorized Representative of Private School		
Name of Authorized Person (Please Print)		
Signature X		Date

**Original to DMV, keep a copy for your records**