



IRVINE UNIFIED SCHOOL DISTRICT

Expulsion Referral Notification

Note: The information on this form is to be completed and sent via email or fax to Student Services.

Department within one (1) day of the incident. FAX: (949)936-5179

1.0 Permanent ID

Student Name:
Home Address:
School:
Parent Names:

Grade:
DOB:
Home Phone:
Work Phone:

Time/Date of notification to family: _____ **Method of notification:** _____

2.0 Date of Incident:

Date of Suspension: _____ to _____

Incident and/or Charge:

Notice of Suspension (copy):

Time of Incident:

Date Pupil may return:

Violation of EC-48900 §

3.0 Police Action: (If Taken)

Was pupil arrested?

Removed from campus?

Date/Time of arrest:

Arresting/Reporting Officer:

Badge #:

Case #:

4.0 Grade:

Attendance:

Discipline Referrals:

Class Disruptions

Insubordination

Profanity

Interventions

Fighting

Truancies

Other:

Counseling

Special Program

SST

5.0 Special Education Information: (Complete this section only if applicable)

Mild to Moderate

Moderate to Severe

Total Suspension Days Current Year:

IEP Hearing Date/Time:

Comments:

Manifestation Determination Scheduled: _____ Date: _____

Location: _____

6.0 Student Data:

Has a Student Success Team (SST) been held? Yes No

If yes, Date: _____, attach minutes

7.0 Statement of Principal/Assistant Principal:

In my professional opinion, the above-named pupil has violated Section §48900

California Education code and I am recommending expulsion because: ***(Check Only One)***

Other means of correction are not feasible or have repeatedly failed to bring about proper conduct.

Due to the nature of the violation, the presence of the pupil causes a continuing danger to the physical safety of the pupil or others.

Principal's Signature: _____

Referring Administrator: _____ Time & Date: _____