



Petition for Reinstatement

Date: _____

To: Board of Education of Hamtramck Public Schools
3201 Roosevelt St., Hamtramck, MI 48212

From: _____
[Name of Petitioner]

1. Status of Petitioner:

- Parent(s) or Legal Guardian(s) of the Expelled Individual
- Expelled Individual (18 years of age or older)
- Expelled Individual (as an Emancipated Minor). *A copy of the court order of emancipation must be attached.*

2. This Petition for Reinstatement is made on behalf of:

Name: _____ Age: _____ Telephone #: _____

Address: _____

3. Parent(s)/Guardian(s) of the Expelled Individual (include names, addresses, and telephone numbers of both parents/legal guardians, if appropriate):

- Parent(s)
- Guardian(s)

Name(s): _____ Telephone #: _____

Address: _____

- Parent(s)
- Guardian(s)

Name(s): _____ Telephone #: _____

Address: _____

4. Date of Expulsion: _____

5. Grade Level of Expelled Individual: _____

6. Expelling School District: _____
[Name of Expelling School District]

Telephone: _____

[Insert address and telephone number if the above-petitioned school district is not the expelling school district.]

7. Briefly describe the incident that caused the expulsion

8. Has the expelled individual received assistance from a state or county social services agency?

- Yes (If yes, attach all written documentation prepared by the agency regarding assistance the individual received from the date of expulsion to the date of this Petition).
- No
- Refuse to Answer*
- Decline to Provide Documentation*

9. Has the expelled individual received assistance from a state or county community mental health agency?

- Yes (If yes, attach all written documentation prepared by the agency regarding assistance the individual received from the date of expulsion to the date of this Petition).
- No
- Refuse to Answer*
- Decline to Provide Documentation*

10. Has the expelled individual received assistance from a private mental health professional from the date of expulsion to the date of this Petition?

- Yes (*If yes, attach a detailed report from the mental health professional setting forth any findings, including results of all tests and examinations performed, diagnosis, conclusions, and treatments provided from the date of expulsion to the date of this Petition*).
- No
- Refuse to Answer*
- Decline to Provide Documentation*

*** Refusal to answer or produce documentation may be considered by the Board in its decision whether to reinstate the individual.**

11. Was any criminal or juvenile court action initiated against the expelled individual because of the incident that caused the expulsion?

- Yes
- No

Date	Charge	Case No.	Court, Address and Telephone #	Status of Case

12. Was the expelled individual convicted as: an adult, or adjudicated as a juvenile offender because of the incident that caused the expulsion?

- Yes (*If yes, attach a copy of the judgment of sentence or order of disposition, and information regarding their probation officer*).
- No

Probation officer: _____
[Name and Title]

Address: _____ Telephone #: _____

13. Other than the incident that caused the expulsion, was the expelled individual charged or convicted of any criminal offense in any court in the United States since the expulsion date?

- Yes
- No

Date	Charge	Case No.	Court, Address and Telephone #	Status of Case

14. Describe the expelled individual's attitude concerning the incident that caused the expulsion.

15.

a. Describe the expelled individual's behavior since the expulsion.

b. List aspects of the expelled individual's prior school record that the Board should take into consideration.

16. What is the likelihood the expelled individual will be successful if reinstated to public education in the school district?

17. Attach 1-2 letters of reference from persons who are not related to the expelled individual (encouraged but not required).

I understand that I am required to inform the Board of Education of Hamtramck Public Schools, in writing, of any change of circumstances from those recorded in this Petition or its attachments.

I understand that if I fail to keep the Board of Education informed, that failure may be cause to revoke or deny reinstatement. I understand that any false, incomplete, or inaccurate

information recorded in this Petition for Reinstatement, or its attachments may result in the denial of this Petition or revoke the individual's reinstatement to public school.

Signed: _____
[Insert Name of Petitioner]

[Insert Name of Petitioner]

Date: _____