



REINSTATEMENT JUSTIFICATION LETTER

STUDENT NAME _____

ADDRESS _____
STREET CITY, STATE, ZIP

PHONE # _____

LAST SCHOOL ATTENDED? _____ WHAT YEAR? _____ WHAT GRADE? _____

THIS LETTER IS NEEDED FOR CONSIDERATION FOR READMISSION INTO THE SCHOOLS OF RICHLAND DISTRICT ONE. IT SHOULD BE COMPLETED BY THE STUDENT. IT SHOULD ADDRESS THE FOLLOWING QUESTIONS:

(1) WHY SHOULD THE HEARING OFFICE RE-ADMIT YOU INTO THE SCHOOLS OF RICHLAND DISTRICT ONE?

(2) WHY IS YOUR EDUCATION IMPORTANT TO YOU?

(3) WHAT GOALS DO YOU HAVE FOR THE SCHOOL YEAR?

(4) ANY ADDITIONAL COMMENTS (FROM PARENT/GUARDIAN)?

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE