



## Reinstatement Justification

*This justification form must be completed for consideration for readmission into the schools of Richland District One. **The form must be completed by the student only.** Once completed, please save and email to [RIHearingOffice.com](mailto:RIHearingOffice.com)*

*Parent Reinstatement Form must also be submitted.*

Student Name					
Address				City	
State, Zip				Contact Number	
Last School		Grade		School Year	

Please explain why you feel you should be readmitted to school.
Why do you feel your education is important?
What goal(s) do you have for this year? What are your long term goals?
What have you learned from your past experiences?
Additional comments (from parent/guardian).

Student Signature

Date