

**San Diego City Schools  
In Lieu of Expulsion Form**

<b>School:</b> _____	<b>IL:</b> _____
<b>Prepared by (administrator):</b> _____	
<b>Student's Name:</b> _____	<b>ID No.</b> _____
<b>Grade:</b> _____ <b>Ethnic Code:</b> _____	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
<b>Program:</b> _____	
<b>Special Ed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>504?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of Offense:</b> _____	
<b>Dates of 5-day Suspension:</b> _____	
<b>Suspension Code:</b> _____	<b>Offense:</b> _____

**Please provide a brief description of the facts leading to suspension:** \_\_\_\_\_

**Expulsion is inappropriate because:** \_\_\_\_\_

**Date of Parent Conference:** \_\_\_\_\_

What was the outcome? \_\_\_\_\_

**Were school police contacted?**  Yes  No

If so, briefly describe their involvement with student: \_\_\_\_\_

**Please list members of multi-disciplinary team:**

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Dates of team meetings** (initial meeting must occur within 15 days of the offense): \_\_\_\_\_

**Intervention:** Please describe the intervention plan. \_\_\_\_\_

Please submit original to your Instructional Leader  
cc: Placement and Appeal  
Cum file

If you need more space please attach additional pages.