



This Petition for Reinstatement was developed by the Michigan Department of Education pursuant to *The Revised School Code, MCL 380.1311(7) and MCL 380.1311a(7)*. This form may be adopted or modified at the option of local/school districts or petitioners.

Petition for School Reinstatement

Date: _____

To: Board of Education of _____ HOLLAND PUBLIC SCHOOLS _____

From: _____
[Insert Name of Petitioner]

1. Status of Petitioner/s (Relationship to Expelled Individual):

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

Name of Petitioner(s):

Petitioner (1):		
Petitioner (2):		
Address:		
City/State/Zip:		
Home Phone:	Cell Phone:	Other Phone:

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

Name of Student:	Date of Birth:	Age:
Address (if different from above):		
Phone (if different from above):		

3. Expelling School District: _____ **Date of Expulsion:** _____

4. School you were attending: _____ **Grade Level of Student:** _____

5. Briefly describe the incident that caused the expulsion:

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

- Yes No Refuse to Answer*

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. Refuse to Provide Documentation*

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

- Yes No Refuse to Answer*

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. Refuse to Provide Documentation*

8. Has the expelled individual received assistance from a private mental health professional from the date of expulsion to the date of this Petition? Yes No Refuse to Answer*

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. Refuse to Provide Documentation*

**Refusal to answer or produce documentation may be considered by the Board in its decision whether or not to reinstate the individual.*

9. Was any criminal or juvenile court action initiated against the expelled individual as a result of the incident that caused the expulsion? Yes or No

Date	Charge	Court, Address and Telephone #	Status of Case

10. Was the expelled individual convicted as: an adult, or adjudicated as a juvenile offender as a result of the incident that caused the expulsion? Yes No (If yes, attach a copy of the judgment of sentence or order of disposition, and information regarding their probation officer.)

Probation Officer (Name and Title): _____

Address: _____ Telephone #: _____

11. 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	Court, Address and Telephone #	Status of Case

12. What is the expelled individual's attitude concerning the incident that caused the expulsion?

13. 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.

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

15. Attach three letters of reference from persons who are not related to the expelled individual.

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

Signature of Petitioner: _____ Date: _____

Signature of Petitioner: _____ Date: _____

Please return to: Holland Public Schools, Attn. Student Services, 320 W. 24th Street, Holland, MI 49423 (P) 616-494-2100 (F) 616-393-7676

**Refusal to answer or produce documentation may be considered by the Board in its decision whether or not to reinstate the individual.*