



Chimacum School District
"Creating the Future Today"

APPLICATION FOR READMISSION

Any student who has been long-term suspended or expelled may make an application for readmission at any time.

Student Name:	Date:
Guardian Name:	
Address:	
Home Phone:	Cell Phone:
List reason(s) why you want your student readmitted and why your request should be considered.	
List any actions you have taken to increase the likelihood of success if your child returns.	
List any other information you believe will be helpful in determining whether or not readmission should be granted.	

I understand that if readmission is granted to a non-resident school, transportation is not provided and I am expected to fulfill the conditions established for the readmission to be granted.

Student Signature:	Date:
Guardian Signature:	Date:

Return to: Chimacum School District
PO Box 278-Chimacum WA 98325
Attn: Principal or Superintendent

copy: cumulative folder