



READMISSION PLAN

Student Name:	Date:
Guardian Name:	
Address:	
Home Phone:	Cell Phone:
Readmission Plan:	
<u>Conditions Regarding Readmission</u> <ul style="list-style-type: none">• Placement and readmission plan will be evaluated quarterly.• Long term suspension/expulsion will be imposed if this Readmission Plan is unsuccessful.• If readmission is to a non-resident school, transportation and supervision of the student to and from the school is the responsibility of the parent.• Satisfactory attendance, behavior, and school progress is expected.	

Student Signature:	Date:
Guardian Signature:	Date:
Reentry Date:	

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

SIGNATURE:

copy: cumulative folder
