



Application Packet Checklist for 30-day Removal 45-day Removal

Name:	ID#:	DOB:	Grade:
Campus:	Infraction:	<input type="checkbox"/> 1 st Infraction	<input type="checkbox"/> 2 nd /Subsequent Infraction(s)
Campus Personnel Completing File and Contact Number:			

All removal packets require a cover page, divided by tabs, and titled accordingly with the following documents.

TAB 1: Due Process	
1.	Form requesting an extension (if the hearing exceeds 7 days)
2.	Notice of Hearing
3.	Notice of Representation
4.	Hearing Procedures
5.	Verification of Non-Protection under IDEA/504/E-School Demographics
6.	Consideration Form
TAB 2: Violation of SCC	
1.	Student code of conduct receipt form (Must be current Sch. Yr & signed by parent/student)
2.	Discipline Referral
3.	Administrator's Statement
4.	Witness(es) statement(s)
5.	Police report, if applicable
6.	Nurse's report
TAB 3: Student Services	
IDEA Documentation	
1.	Staffing Checklist
2.	FBA/BIP (current)
3.	IDEA: Manifestation Checklist
4.	IDEA: Placement ARD Signature Page; ARD minutes & Schedule of Services
504 Documentation	
1.	Section 504: Manifestation Determination Evaluation Results
2.	Section 504: Behavior Intervention Plan
3.	Section 504: Student Services Plan
Bilingual/ESL Documentation	
1.	Bilingual / ESL LPAC Assessment Form (from Special Program Folder)
2.	Individual Cumulative Report
3.	E-schools Bilingual Screen
TAB 4: RTI	
	Please check one: Academic Discipline
1.	Parent Input
2.	Referral Information
3.	Teacher Input
4.	Behavior Intervention Plan
TAB 5: BAC Entry Forms	
1.	Removal letter / Order of removal (only 1 of 2)
2.	Student Registration Information Form
3.	Entry Form
4.	Health Form
5.	Parent Letter
6.	Completed Physical Examination Form
TAB 6: Student Information	
1.	Current Schedule (If working on STARS modules provide course progress-#4 below)
2.	Report Card (all six weeks periods must be complete)
3.	Summary Assessment Form – Check One:
	<input type="checkbox"/> Test Hound <input type="checkbox"/> No Accommodations
4.	STARS Progress Reports (High School or BLA)
5.	Student Credit Count (Seniors Only)

Preliminary Packet Checklist

Special Services:
 Tab 3, IDEA 1-2 only

Date Received: _____

Approved Not Approved

 Administrator (signature)

Remarks: _____

Brownsville Academic Center:
 Tab 1-6

Date Received: _____

Approved Not Approved

Principal (signature)

Student may report to BAC on:
 ____/____/____

Returned for Corrections

**Accelerated Learning Instruction
 needed in the following areas (s):**

Notes: _____
