

**Notice of Suspension
Alternative School**

Dear _____: _____
Parent or Guardian *Date*

This is to inform you that due to the reason(s) stated below I have this day suspended

_____ from _____
Name of Student *Name of School, Class or Activity*

for a period of _____ days. This suspension is to be served in the alternative school at **Westwood Junior High School**. Alternative School guidelines are attached to this letter.

Reason(s) for suspension: _____

STATUS OF SUSPENSION:

The box checked below indicates the current status of the suspension:

The suspension is for (10) days or less. Therefore, I am requesting a meeting with the parent or guardian and the student to discuss the reasons for and the length of the suspension and to set conditions for re-admission. The suggested date, time and place are stated below. Please advise if this is not acceptable.

_____ Date _____ Time _____ Place _____

The offense justified a suspension of more than ten (10) days. You have the right to appeal this decision. All appeals must be filed orally or in writing with the director of schools within five (5) days after receipt of this notice. Information as to the time and place of the of the hearing will be forthcoming from the director of schools.

The offense is a violation of the Zero-Tolerance policy which ensures a learning environment free of drugs, drug paraphernalia, violence and dangerous weapons. The Director of Schools has suspended the student for a period of _____.

Sincerely,

Principal

cc Director of Attendance

ISSUED 02/05/04