Notice of Suspension
Out of School

Dear _____ _____
parent/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.

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 readmission. 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 date, 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