

NOTICE OF SUSPENSION

Student's Name: _____ Date: _____

Name of Parent or Guardian

Address

Dear _____:

You are hereby advised that _____ has been suspended pursuant to Board policy. The reason(s) for the suspension is (are) as follows:

You have the right to appeal this decision to the _____, to be granted a hearing before the _____ in order to be heard against the suspension and to be represented in the appeal proceeding by a representative of your choosing. Please contact the _____ by letter at your earliest convenience if you intend to pursue an appeal, so that a hearing time and place can be scheduled. You have two (2) school days from the receipt of this notice in which to file an appeal. (See Item B below)

Students placed on a suspension are not permitted involvement in or attendance at extra-curricular activities and will receive an unapproved absence for suspended days.

The suspension information details follow:

- A. Out of school suspension for _____ day(s) to include _____. Your child is not permitted on school grounds or at school functions during this time period. Parents will assume total responsibility for the conduct and behavior of their child during this period of suspension.
- B. () Your child will be allowed to make up the missed school work providing the assignments are completed by the time s/he returns to school from the suspension.
- () Your child will not be allowed to make up missed school work.
- () Your child will receive credit for work that is completed properly.
- () Your child will not receive credit for the completed work.
- C. Parent Appeal Conference

Date Requested _____ Time _____

If you have any questions regarding the above, please feel free to contact me.

Principal