

NOTICE OF INTENT TO SUSPEND

Student's Name: _____ Date: _____

Name of Parent or Guardian

Address

Dear _____:

You are hereby advised that it is my intent to suspend you. The reason(s) for the suspension is (are) as follows:

If you are suspended, it will be for ____ school days, commencing _____ and ending on _____. In the event school is closed for any reason during this period, you are not to return to school until the ____ days have been served. From the time you are suspended, you are not to be on school property for any reason or attend any school-related activity or event.

This is your informal hearing to challenge the reason(s) for the suspension or otherwise explain your actions.

Date

School Administrator

I hereby acknowledge receipt of this notice of intended suspension and have had the opportunity to explain what did or did not happen.

Date

Student