



Student Services Department

Suspension

To: _____

School:	_____
Date:	_____
Name:	_____
DOB:	_____
Student No.:	_____
Incident No.:	_____
Subject	SUSPENSION

Dear Parent/Guardian:

This is to inform you that _____ was referred to the office for:
Student Name

Suspension Code: _____

I regret to inform you that due to the extreme nature of the above stated misconduct, the student is suspended from school attendance for _____ days, starting _____ through _____.

The student may return to school on _____. During this suspension, the student is ***not*** to be on campus or attend any school function.

Every time a student is sent to the office for discipline, a record is maintained. This is the _____ time this student has been referred to the office for disciplinary action. We hope you can help _____ to realize the seriousness of keeping other students from obtaining an education, as well as their own personal loss. Please feel free to call us at _____ or visit our school.

When returning to school, we would appreciate it if the student were accompanied by one or both parents, a guardian, or an adult member of the family for a conference.

Sincerely,

Name

Title