

# NOTICE OF SUSPENSION

**SCHOOL:** \_\_\_\_\_

Date of Suspension: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Number of days suspended: \_\_\_\_\_

Student: \_\_\_\_\_ ID #: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Special Ed/504: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Was parent contacted by the administrator? Yes/No If not, why? \_\_\_\_\_

Was due process provided by the administrator? Yes/No If not, why? \_\_\_\_\_

Suspension Charge: \_\_\_\_\_

Description of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_ Referred By: \_\_\_\_\_

Was a police report filed? Yes/No Case Number: \_\_\_\_\_

\_\_\_\_\_ An appointment has been made for the above named student to return to school with his/her parent or legal guardian on: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

— **This is a Class III offense** and the student must have a hearing before he/she can be reinstated to school. A Hearing Officer will contact you using the above listed information or you may contact the Attendance Department at 231-7932 or 231-7944 for more information.

School Administrator	Date	School Phone Number
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**Student Signature**

The student's signature indicates receipt of the suspension.

Date Suspension Mailed to Parent: \_\_\_\_\_

Date Suspension Faxed to Attendance Dept.: \_\_\_\_\_