

EX 1 - Student Suspension Report

Related Procedure: AP 3 – 15 Student Suspension/Expulsion

Exhibit I

STUDENT SUSPENSION REPORT

Stu	dent:		School: _			
Grade:		Age:	Date of Birth:			
Address:			Telephone:			
Par	ent(s) Name(s):					
Address:			Telephone:			
1.	SUSPENSION:					
	In-School	Bus Riding	School	Board's Consi Expulsion/Rei		
	Reason:					
2.	SUSPENSION DURATION:					
	Total Days:	from		to		
<u>AL</u>	L SUSPENSIONS:					
3.	CURRENT ACADEMIC STANDING IF RECOMMENDING EXPULSION:					
	Subject	Ma	ark Subj	ect	Mark	
						

5.	PREVIOUS SUSPENSION(S) – DATES AND REASONS:					
6.	NOTIFICATION (as required by policy): Parents: Telephone Call Letter					
7.	DOCUMENTATION ON FILE: Yes No					
8.	INTERVENTION PROCEDURES: a) Conferencing Student Parent(s) b) Counseling Student Parent(s) c) Referred to outside agency: Yes No d) Request for Superintendent conference at school level: Yes No					
9.	SUSPENSIONS: Letter to parents and files noting circumstances and giving reason(s) for suspension: Parents File					
10.	EXPULSIONS: Telephone call to Superintendent's office: Letter to Superintendent (Board of Education) including principal's recommendation: Yes including principal's recommendation:					
In ac Educ you Shou	Suspension letters must be under the principal's signature. ter must include statement below) coordance with the Education Act Chapter E-0.3, Section 37(4), the Student Appeal Committee of the Board of cation must reinstate or expel a student within ten (10) school days from the first day of the suspension. Should wish to appeal your student's suspension, you must contact the Superintendent of Schools within this time frame ald an appeal not be requested by either student or parent, the student may be expelled by motion of the pension Appeal Committee.					
Prin	cipal Date					