

Home Phone	Last	First	SCHOOL	Grade	Mo.	Day	Yr.
Employment Ph.	PARENT or GUARDIAN		ADDRESS		Date of Birth		
					Mo.	Day	Yr.

SUSPENSION REPORT

We regret that we find it necessary to suspend the above named student.

REASON FOR THE SUSPENSION:

DURATION OF THE SUSPENSION:

CONDITIONS OF RETURN TO SCHOOL:

CONDITIONS OF THE SUSPENSION: Student must remain at home during school hours and may not participate in any school functions during time of suspension.

SCHOOL DISTRICT _____ PRINCIPAL _____

White - Parent's or Guardian's Copy Golderrrod - County Attendance Officer's Copy Canary - School Copy Pink - Principal's Copy Green - Superintendent's Copy