	Employment Pa.			Home Phone	
*	FARENI O CONTRA	DADENT OF GLIABDIAN	0		NAME First
		ADDRESS			SCHOOL
	Mo.			Mo.	Grade
	Day Yr.	Date of Birth		Day Yr.	Date

50	DADGENT OF GLIABDIAN	ADDRESS	Date of Birth
Employment Pn.	PAREM OF COMMUNICATION		Mo. Day Yr.
8	SUSPI	SUSPENSION REPORT	
7/4	We regret that we find it ne	We regret that we find it necessary to suspend the above named student.	
REASON FOR THE SUSPENSION:	E SUSPENSION:		
DURATION OF THE SUSPENSION:	IE SUSPENSION:		
CONDITIONS OF	CONDITIONS OF RETURN TO SCHOOL:		
CONDITIONS OF	CONDITIONS OF THE SUSPENSION:	Student must remain at home during school hours and may not participate in any school functions during time of suspension.	
48	SCHOOL DISTRICT		
		PRINCIPAL	

White - Parent's or Guardian's Copy Goldenrod - County Attendance Officer's Copy

Canary - School Copy

Pink - Principal's Copy Green - Superintendent's Copy