

ELEMENTARY SCHOOL SUSPENSION NOTICE

DATE: _____
SUBJECT: Suspension
TO: The parents of _____ (Name of Student)

Your child has been suspended from _____ Elementary School for _____ days. He/she cannot return to school until _____ (date).

On the day he/she returns, he/she will report to the principal's office at 8:00 a.m. accompanied by parent/guardian.

Following is a brief description of the incident that resulted in the suspension.

I have informed your child of his/her right to appeal this decision to the Superintendent of Schools if he/she feels that this action is incorrect.

Principal

Assistant Principal

Copy received by _____
Student's Signature

Parent's Signature