

NOTICE OF OUT OF SCHOOL SUSPENSION

Student:	_ Grade:	Incident Date:		
Parent / Guardian:		Incident Location:		_
Address:		B - Bus 0 - Off School S - School	ol Property	
Phone:		Incident Report by Co	ode:	
Reported by:	LAST NAME	S - School Personnel N - Non School Personnel	0 - Non Student T - Student	

This is to notify you that your child has been suspended from school for a period of ______ days, beginning ______ and ending _____.

He/She may not attend any school sponsored functions or activities during this period of time. Violation of this may result in further consequences.

Your child will be permitted to return to school on ________ following a conference with the

principal or designated assistant principal. It is the responsibility of the parent to schedule this conference.

Incident Type (Please check appropriate box)								
ASCO	School Court Order	BTHR*	Bomb Threat	PSNG*	Poisoning			
ASCP	Alt. Ed. after Corp. Pun.	BULLY*	Bullying (Must be confirmed by investigation)	RAPE*	Rape			
ASFY	Begins Year at Alt.	DCON	Disorderly Conduct	ROBB*	Robbery			
ASGD	GED Option	DRUG	Use or Possession of Drugs	STAS*	Staff Assault			
ASHS	Alt. Ed. after Suspension	EXTN*	Extortion	STKG*	Stalking			
ASOS	Arrest / Crime off Sch. Prop.	FAP*	Firearms Possession	SXBT*	Sexual Battery			
ASPR	Alt Parental Request	FIGHT*	Fighting	THEF	Theft			
ASTS	Released f/Training School	HOCI*	Homicide	TRES	Trespassing			
ASHO	Alt. School - Hearing Officer	KNAP*	Kidnapping	WPOS*	Weapon Possession			
ALC	Alcohol	MYHM*	Mayhem	VAND	Vandalism			
ASLT*	Assault	NCB	Non Criminal Behavior					

NOTE: Incidents marked with * must be reported immediately to the school Discipline Clerk and data submitted to the Mississippi Department of Education within 72 hours.

Other Action Taken: 🗖 IEP Conference 🛛 Referral 📮 Police Report Filed

Remarks:

PARENT / GUARDIAN SIGNATURE

SIGNATURE / DATE

TITLE

Updated 2/8/2019