

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 503.3.2P Adopted August 1984 Revised April 2007

Title Notice of Suspension, Grades 6-12

To: _____
parent or guardian phone

_____ address zip code

We hereby notify you that _____, _____
student's first name, middle initial, last name grade
has been suspended from school. The suspension will begin on the following date:
_____ at the following time: _____. This suspension is for _____ day(s).
During the period of suspension, the student will not be allowed on the property of
this school or any other school in District 196. The suspended student must
return to my office on the following date: _____ at the following time: _____,
WITH/WITHOUT a parent or guardian. Testimony was received on the following
date _____ at the following time _____.

_____ date phone
Administrator's signature

Grounds for suspension and explanation of the evidence:

Statement of suspended student:

- The student was sent home without a conference because of an immediate and substantial danger.
- The student agrees with the above statement of facts.
- The student does not agree with the above statement of facts and his or her statement is as follows:

Parent or guardian notification:

- Notification by mail, sent at the following time and date: _____
(required to both student and parent/guardian within 48 hours if no informal conference is held)
 - Reasonable effort made to contact parent or guardian by telephone at the following times and dates: _____
 - Your child has met the criteria for a violent student behavior notification as required by Minnesota Statute 121A.64. A confidential notice will be sent to your child's teacher(s).
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Alternative educational services offered: (required if suspension exceeds five days)

Readmission plan:

- Student may be admitted back into his or her regular classes.
 - Parent or guardian will meet at school to develop a plan of action.
 - Parent or guardian will call administrator to discuss problem.
 - Other (specify) _____
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Results of readmission conference:

Persons present other than suspended student and administrator:

Disposition:

- Student readmitted to school
- Suspension is extended for _____ day(s)
Student must return to my office at the following time and date: _____

Reason for extension: _____

Administrator's signature date

Distribution: __ parent or guardian __ attendance office __ cumulative folder __ student