

WAKULLA COUNTY SCHOOL BOARD
STUDENT SERVICES
OUT OF SCHOOL NOTIFICATION FORM

Parent Name: _____ Student Name: _____

Address: _____

Grade: _____ Age: _____ Sex: _____ Race: _____ Bus Number (if applicable) _____

The student listed above has been assigned to _____

for _____ days, from _____ to _____

She/he may return to class, school, or bus on _____.

(1) **REASON FOR SUSPENSION**

A) Nature of Offense:

B) Incident occurred: Date: _____ Time: _____ Place: _____

C) Offense reported by: _____ Title: _____

D) History leading to suspension:

E) Alternatives considered:

(2) **CONFERENCE HELD WITH STUDENT PRIOR TO SUSPENSION:**

Date: _____ Time: _____ Person conducting conference: _____

(3) **DATE, TIME AND METHOD OF PARENT NOTIFICATION:** _____

A parent conference is scheduled as follows to discuss this suspension:

Date: _____ Time: _____ Place: _____

OTHER CONSIDERATIONS/COMMENTS: _____

SIGNATURE OF ADMINISTRATOR SCHOOL DATE

Copies to: Parent, Student, Superintendent, School