



Education Services Center  
625A Main Street North  
Cambridge, MN 55008  
763-689-6188  
Fax 763-689-6200

**NOTICE OF SUSPENSION**  
Policy #506 Form

Name of Parent or Guardian \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Dear Parent or Guardian:

(Name of Student) has been suspended from (name of school) for (number of days) commencing on (date).

The grounds for suspension are: \_\_\_\_\_

\_\_\_\_\_

Briefly, the facts that have been determined are: \_\_\_\_\_

\_\_\_\_\_

The testimony received was: \_\_\_\_\_

\_\_\_\_\_

An administrative conference to determine the above was conducted before

\_\_\_\_\_, at \_\_\_\_\_ on \_\_\_\_\_  
(Name of Administrator) (Time) (Date)

Pursuant to Minn. Statute §§ 121A.40 – 121A.56.

Alternative educational services in the form of homework will be available to be picked up at the school after (date) \_\_\_\_\_. While suspended, the student may not come on any school campus except with you for the purpose of discussing conduct. If you have any questions, please call the school.

Sincerely,

\_\_\_\_\_  
Principal's Signature

**School Board**

Timothy J. Hitchings, *Chair*

Gary Hawkins, *Vice-Chair*  
Heidi Sprandel, *Treasurer*  
Nikki Johnson, *Director*

Lynn Wedlund, *Clerk*  
Aaron Berg, *Director*  
Carri Levitski, *Director*

**District Administration**

Dr. Nathan Rudolph, *Superintendent*

Dr. Brenda Damiani, *Teaching & Learning*  
Shawn Kirkeide, *Interim Admin Svcs & HR*

Christopher Kampa, *Finance and Operations*  
Julie Williams, *Student Support Services*