(Sample Form) NOTICE OF SUSPENSION

(Date)

(Name of Parent or Guardian) (Address)	
(City, State, Zip)	
Dear (Parent or Guardian)	
(<u>Name of Student</u>) has been suspended fr (<u>date</u>).	rom (<u>name of school</u>) for (<u>number of days</u>) commencing on
The grounds for suspension are:	
Briefly, the facts that have been determine	ed are:
The testimony received was:	
An administrative conference to determine	e the above was conducted before
, at, Time (Name of Administrator)	on
pursuant to Minn. Stat. §§ 121A.40-121A. The plan of readmission is:	
Alternative educational services in the form school after [date]	m of homework will be available to be picked up at the
While suspended, the student may not condiscussing conduct.	me on any school campus except with you for the purpose of
If you have any questions, please call.	
	Sincerely,
	Administrator

Policy 506 Form

Enc: Minn. Stat. §§ 121A.40-121A.56