



LJSD Vision: A community committed to academic excellence ... dedicated to student success.

## NOTICE OF TEMPORARY SUSPENSION

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(Parents/Guardian)

CC:

(Superintendent)

RE:

(Student Name)

(Grade)

(Address)

(Telephone)

**You are hereby notified**: Pursuant to the procedures adopted by the Board of Trustees ("Board"), an informal hearing was held pertaining to the temporary suspension of the above-named student enrolled in Lakeland Joint School District.

Reason(s) for temporary suspension: Violation of Policy 3330

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Date of informal hearing:

Number of days suspended:

Date(s) of suspension:

Date student and parent(s)/guardian(s) were informed of the decision.

## Lakeland Joint School District #272 15506 N Washington Street, Rathdrum, ID 83858 Phone: 208-687-0431 Fax: 208-687-1884 ~ Web www.sd272.org



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You are further notified that after completion of a threat assessment, the Superintendent may impose an additional ten (10) day suspension. In the event the Board determines the immediate return of the temporarily suspended student would be detrimental to other students' health, welfare, or safety, the Board may impose an additional five (5) day suspension. You will be informed in the event additional suspensions are imposed.

You have a right to a formal hearing if you believe your child has been wrongfully suspended.

A copy of this notice has been provided to the parent:

 $\Box$  In person

Electronic Mail

□ Standard Mail

- □ This student's records have been reviewed, and the **student qualifies** for services under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act.
- □ This student's records have been reviewed, and the **student does not qualify** for services under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act.

Principal

CC: Student File