

SUSPENSION REPORT

STUDENT: _____ **DOB** _____ **GRADE** _____

Out-of-School Suspension

Bus Suspension

In-school Suspension

Suspension from School Activities

Suspension Duration: _____ **days**

From: [d/m/y] _____ **Time:** _____

Return: [d/m/y] _____ **Time:** _____

When schools is canceled for any reason, the suspension will be served the next school day.

Suspension Summary (Note circumstances leading to/reason for suspension & any placement of conditions):

Repeat suspension for current school year? Yes No

PARENT INFORMATION

Parent/Guardian: _____ Phone #: _____

Address: _____

Email: _____

Communication with parent/guardian: _____

Dear Parent:

If you consider the suspension or conditions placed on the student to be unwarranted, please contact the principal and your concern will be reviewed in accordance with the Public Schools Branch Concerns and Resolutions Procedure. If you are dissatisfied with the decision of the review, you may appeal the decision to the Public Schools Branch Hearing Committee within 10 business days, in accordance with the Education Act and the Student Appeal Policy. Please note, a request for an appeal does not delay a suspension or the conditions placed on a student.

Parent Conference Required: Yes No Date: _____ Time: _____

_____ Principal’s Signature _____ Date

FOR SCHOOL USE: RETAIN FOR ONE YEAR IN STUDENT CUM FILE.

cc: Director of Student Services