



Suspension/Expulsion Recommendation Form
AP1/AP3

INCIDENT INFORMATION

To the Parents of: _____ Grade: _____ Regular Education _____ Special Education _____

Address: _____ City: _____ State: _____ Zip: _____

Date parent was contacted by Principal/Designee: _____ Telephone: _____

Your child has been assigned to the Alternative Learning Center located on the Baker High School Campus.

Incident referred by: _____ Incident Time: _____ Incident Location: _____

Beginning Date: _____ Ending Date: _____ Number of Days: _____ Return to regular assigned school on: _____
 (If recommended for Expulsion refer to Section AP3 below.)

THE STUDENT IS BEING REFERRED FOR THE FOLLOWING REASON(S):

Parents must accompany students to the Alternative Learning Center (ALC) on the first day of assignment. Your child should attend the ALC for all the days indicated above. The ALC opens at 6:50 a.m. Students must arrive no later than 7:30 a.m. each morning and must be picked up promptly at 2:30 p.m. each afternoon. Transportation must be provided by the parent. Students must behave appropriately while at the ALC and complete assignments as directed by their teacher and/or their moderator. If the student does not attend the ALC the days will be counted as unexcused absences.

AP1 - SUSPENSION ALTERNATIVE LEARNING CENTER (ALC)

If student is being recommended for Expulsion please complete AP3 section below and fax to Jasity Braziel @ 225-774-5797.

STUDENT JPAM ID #: _____ BEGINNING DATE: _____ RETURN DATE: _____

REFERRING SCHOOL NAME: _____ NUMBER OF DAYS: _____

LIST REASON CODE (01-47): _____ School Administrator: _____

AP3 – RECOMMENDATION FOR EXPULSION

Date Parent was contacted by Principal/Designee: _____ Method of contact: _____

Beginning date of suspension with recommendation for expulsion: _____ Ending date: Pending Hearing

Your child may return to school on a date designated by the Hearing Officer _____

We regret that it has been necessary to take disciplinary action. If you desire further information concerning this matter, you may contact the school at the following telephone number: _____. We are hopeful that our coordinated efforts will lead to better communication and a solution to the problem. Parents have the right to view all of the evidence presented by the school at the expulsion hearing. Your child's hearing will be held at the home school by the Supervisor of Child Welfare and Attendance.

Parent/Guardian Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Cell) _____

Signatures: Principal/Asst. Principal _____ Parent/Guardian _____