Madison County Schools

Suspension Notice

DATE: ______________________________

TO: ______________________________
Parent/Custodian Name

Mailing Address:
Street or P. O. Box ______________________________
City, State, Zip: ______________________________

PHONE NUMBER: ______________________________

STUDENT: ______________________________
DOB: ______________________________
GRADE: ______________________________
SEX: ______________________________
PROGRAM: Visually Impaired

FROM: ______________________________
Principal/Administrative Designee's Name

SCHOOL: ______________________________
PHONE #: ______________________________

This communication is to notify you that your student has been suspended for the following:

Your student's explanation is attached.

Type of Suspension: ☐ **In-School Suspension (AAP/ISS)** ☐ **Out of School Suspension (OSS)**

Length of suspension: ________ days
Suspension period: From ______________ to ______________

Your student is permitted to return to class/school on the following date: ______________

You will be notified concerning a Suspension Conference. Please contact the school upon receipt of this notice if you have any questions.

____
Principal/Administrative Designee Signature

____
Student Signature (grades 7-12)
(signature indicates receipt of Suspension notice)

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Date of Suspension Conference: ______________________________

Date of Suspension Conference upon re-admittance to school (if one is held):______________________________

____
Parent/Custodian Signature
(signature indicates a suspension conference was held)

____
Date

Revised 5/15/17

Original – STUDENT Copy – PARENT Copy - PRINCIPAL