AP 3265-F1 NOTIFICATION OF SUSPENSION

SCHOOL:

Student's Name: Age:
(surname) (given names)

Address: Phone:

Parents/Guardians Names:

Custody: Single ☐ Joint ☐ n/a ☐

Grade: Home Room Teacher (K – 8):

Have the parents/guardians been informed of this suspension? ☐ YES ☐ NO

If no, please explain.

Dates of suspension: No. of Days:

☐ In-school
☐ Out-of-school
☐ In-school according to an I.E.P.
☐ Out-of-school according to an I.E.P.

Date(s) of previous suspension(s) of this student (this school year):

Has this student previously been referred to:

☐ Clinical Services
☐ School Counselor
☐ Child and Family Services

Other:

Suspension Category:

☐ Assault
☐ Bullying
☐ Drugs/Alcohol
☐ Fighting
☐ Gang Involvement
☐ Non-Compliance
☐ Physical Aggression
☐ Smoking/Vaping
☐ Theft
☐ Vandalism
☐ Verbal Aggression
☐ Weapons
☐ Other

(***Please provide a brief explanation***.)

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Signature of Principal

NOTE: The parent "Notification of Suspension Letter" is to be submitted with this report.

Please email to Superintendents' Department Administrative Assistant.
A duplicate of this form is to be retained by the school.