



# AP 3265-F1 NOTIFICATION OF SUSPENSION

SCHOOL:

Student's Name:

(surname)

(given names)

Age:

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

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

\_\_\_\_\_  
**Signature of Principal**

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

Please email to Executive Assistant.  
A duplicate of this form is to be retained by the school.