

FILE: JDD-F1

MARION COUNTY BOARD OF EDUCATION
Hamilton, Alabama

SUSPENSION NOTICE
(10 DAYS OR LESS)

<hr/> <p style="text-align: center;">NAME OF SCHOOL</p> <hr/>	<hr/> <p style="text-align: center;">DATE</p> <hr/> <p style="text-align: center;">NUMBER OF SUSPENSIONS</p> <p style="text-align: center;">CIRCLE NUMBER</p> <p style="text-align: center;">1 2 3 4 <hr/></p>
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(PARENT/GUARDIAN NAME & ADDRESS)

Dear _____,

This letter is to notify you that it has been necessary to suspend _____, _____, _____
(STUDENT'S NAME) (AGE) (GRADE)

from school for a period of _____ days. (may not exceed 10 days)

_____. The reason(s) for the suspension is as
DATES OF SUSPENSION

follows: _____
(Include Time and Place of Occurrence)

IMPORTANT: On a student's third or subsequent suspension from school, the parent will be subject to prosecution by the District Attorney pursuant to Section 16-28-12 of the Code of Alabama. A parent may be referred to the District Attorney's office on the student's first or second suspension if, in the opinion of the principal, the offense committed warrants such action.

A parent conference with the principal is required before the expiration of the period of suspension. Such a conference is scheduled for _____ at _____ to discuss the
(DATE) (TIME)
possible readmission of the student. If the date is not convenient, you should call the school office at _____
(School Phone)
to make another appointment.

Respectfully submitted,

Principal