

Independent School District #361

International Falls, MN 56649

www.isd361.k12.mn.us

NOTICE OF SUSPENSION

Date: _____

To: _____
(Name of Parent or Guardian) (Address)

(City, State, Zip) (Time/Date)

Dear _____:
(Parent or Guardian)

_____ has been suspended from _____ for _____
(name of student) (name of school) (number of days)

commencing on _____.
(date)

The grounds for suspension are:

Briefly, the facts that have been determined are:

The testimony received was:

An administrative conference to determine the above was conducted before

_____, at _____ on _____
(Name of Administrator) (Time) (Date)

pursuant to Minn. Stat. §§ 121A.40-121A.56, a copy of which is enclosed.

The plan of readmission is:

While suspended, the student may not come on any school campus except with you for the purpose of discussing conduct. If you have any questions, please call.

Sincerely,

(Administrator)

Enc: Minn. Stat. §§ 121A.40-121A.56