NOTICE OF OUT-OF-SCHOOL SUSPENSION

	Date:	
Name of Parent or Guardian: Address: City, State, Zip:		
Dear	:	
(Student Name)	has been suspended from(School)	
commencing on	(Date).	
The grounds for suspension a	are:	
Briefly, the facts that have been	en determined are:	
The testimony received was:_		
An administrative conference	to determine the above was conducted on _	(Date)
at before	, pursuant to (Name of Administrator)	
§§121A.40–121A.56, a copy of	of which is enclosed.	
The plan for re-admission is:_		
school after (c	es in the form of homework will be available date). It may not come on any school campus excent. If you have any questions, please call.	
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