

RULH LOCAL SCHOOL DISTRICT
NOTICE OF INTENT TO SUSPEND

Student's Name _____ DATE _____

PARENTS NAME AND ADDRESS

Dear _____:

You are hereby advised that it is my intent to suspend you. The reason(s) for this suspension is/are as follows:

The suspension will be for _____ school days, beginning on _____ and ending on _____. In the event school is closed for any reason during this period, you are not to return to school until the _____ days have been served. From the time the student is suspended, they are not being on school property for any reason or attend any school-related activity or event. The first day that the student may return to school is _____.

This is your informal meeting. You may ask questions, challenge the reason(s) for the suspension and/or otherwise explain your actions.

_____ Date _____ Administrator Signature

I hereby acknowledge receipt of this notice of intent to suspend and that I have the right to an informal hearing in order to explain what did or did not happen. I also understand I have the right to appeal this suspension to the Superintendent of RULH schools according the procedure outlined in the Student Handbook.

_____ Date _____ Student Signature