## (Sample Form) NOTICE OF SUSPENSION

(Date)

(Name of Parent or Guardian) (Address) (City, State, Zip)	
Dear (Parent or Guardian)	
(Name of Student) has been suspended fro on (date).	m ( <u>name of school</u> ) for ( <u>number of days</u> ) commencing
The grounds for suspension are:	
Briefly, the facts that have been determine	d are:
The testimony received was:	
An administrative conference to determine	
(Name of Administrator), at (Time	on (Date)
pursuant to Minn. Stat. §§ 121A.40-121A.	
The plan of readmission is:	
Alternative educational services in the form school after[date]	m of homework will be available to be picked up at the
While suspended, the student may not compurpose of discussing conduct.	ne on any school campus except with you for the
If you have any questions, please call.	
	Sincerely,
F. W. G. J. 66 101 J. 40 101 J. 57	Administrator
Enc: Minn. Stat. §§ 121A.40-121A.56	