MADISON COUNTY SCHOOLS

Suspension Notice

DATE: ________ **Student's SS# :** ________

TO: ________ **Student's DOB:** ________
Parent/Guardian Name

Mailing Address: **Grade:** ____ **Sex:** ____

Street or P.O. Box ________

City, State, Zip: ________

Program: Choose One

FROM: ________
Principal/Administrative Designee's Name

____
School

____
Phone Number

This communication is notification that your son or daughter, ________
Full Name of Student

Has been suspended from school for the following:

____

Your son/daughter's explanation/response was as follows:

____

Length of suspension: ____ days

Suspension period: From ________ to ________

Your son/daughter is permitted to return to school on the following date: ________

According to Madison County Board of Education Policy, days absent while a student is on suspension are unexcused. You will be notified concerning a Suspension Conference. Please contact the school upon receipt of this notice if you have questions.

____ ____________
Principal/Administrative Designee Signature Date

____ ____________
Student Signature (Grade 7-12) (Signature indicates receipt of Suspension Notice) Date

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Date of Suspension Conference: ____________

Date of Suspension Conference upon Readmittance to School (if one is held): ____________

____ ____________
Parent/Guardian Signature (Signature indicates a Suspension Conference was held.) Date

Revised: June, 1996
Fill In Form: December 4, 2001

Original - STUDENT Copy - GUARDIAN Copy - PRINCIPAL