Notice of Suspension	
Date:	
Student Name: Date of Birth: Grade: School	Paren⊭Guardian Name:
Date of Incident:	Number of Days of Suspension:
Suspension Date(s):	Expected Return Date:
activity, or be on schooproperty with	any schoobr board sponsored hout permission of the school principal designate.
be provided to the Office of the Sul discuss any matter with respect to	nder section 309 of the Education Act. Written notice of the interation and perintende of the suspension. To the appeal the suspension, please contact the Superintendent at Please be advised that an appeal the suspension does not delay this e suspension.
Please contact the school principal	l if you would likeliscuss the matter further.
Principal Name:	
Principal Signature:	
Copies: Teacher(s) of Pupil ^ \mu \	μ š]}v r ^ (F™ à ĐĐỗ