

Jordan District Elementary School
NOTICE OF ELEMENTARY SUSPENSION

Student _____ Grade _____ Teacher _____

Name of Parent or Guardian _____ Date _____

- | | |
|-------------------------------|---|
| 1. Severe disruption | 6. Damage/Vandalism |
| 2. Fighting | 7. Defiance/disrespect to an adult |
| 3. Physical aggression/threat | 8. Unauthorized absence or leaving without permission |
| 4. Theft | 9. Sexual Harassment Verbal Physical Written |
| 5. Obscene gestures/language | 10. Other _____ |

Due to your child's suspension, it is necessary for a parent/guardian to accompany the student to school for a reinstatement conference with the school administrator on the following date and time:

Date: _____

Time: _____

If you are unable to meet at this time or have any questions, please call _____

We sincerely seek your full support in helping to solve this problem.

Sincerely,

School Administrator

Parent/Guardian Notified:

Reinstated:

Parent: _____

Date: _____

Home# _____

Time: _____

Work# _____

Admin.: _____