(Sample Form)

NOTICE OF SUSPENSION

(Date)

(Name of Parent or Guardian) (Address)	
(City, State, Zip)	
Dear (Parent or Guardian)	
(<u>Name of Student</u>) has been suspended (<u>date</u>).	from (<u>name of school</u>) for (<u>number of days</u>) commencing on
The grounds for suspension are:	
Briefly, the facts that have been determ	nined are:
The testimony received was:	s been suspended from (name of school) for (number of days) commencing on ension are: have been determined are: d was: ference to determine the above was conducted before
, at	on
(Name of Administrator) (11	me) (Date)
pursuant to Minn. Stat. §§ 121A.40-121	1A.56, a copy of which is enclosed.
The plan of readmission is:	
Alternative educational services in the f school after[date]	form of homework will be available to be picked up at the
While suspended, the student may not discussing conduct.	come on any school campus except with you for the purpose
If you have any questions, please call.	
	Sincerely,
	 Administrator

Enc: Minn. Stat. §§ 121A.40-121A.56