(Sample Form) NOTICE OF SUSPENSION (Data)

(Date)

(Name of Parent or Guardian) (Address) (City, State, Zip)	
Dear (Parent or Guardian)	
(Name of Student) has been suspended from (non (date).	name of school) for (number of days) commencing
The grounds for suspension are:	
Briefly, the facts that have been determined ar	e:
The testimony received was:	
An administrative conference to determine the, at	
(Name of Administrator), at	(Date)
pursuant to Minn. Stat. §§ 121A.40-121A.56,	a copy of which is enclosed.
The plan of readmission is:	
Alternative educational services in the form of school after[date]	homework will be available to be picked up at the
While suspended, the student may not come or purpose of discussing conduct.	n any school campus except with you for the
If you have any questions, please call.	
S	incerely,
Ā	Administrator
Enc: Minn. Stat. §§ 121A.40-121A.56	