

Adopted: 7/1996
Revised: 2/8/2017

Policy 506A

Holdingsford Public School
NOTICE OF SUSPENSION

Date: _____

Name of Parent or Guardian _____

Address _____

City, State, Zip _____

Dear (Parent or Guardian)

Name of Student _____

has been suspended from Holdingsford Public School for (number of days) _____
commencing on (date)_____.

The grounds for suspension are:

Briefly, the facts that have been determined are:

The testimony received was:

An administrative conference to determine the above was conducted before

_____, at _____ on _____
(Name of Administrator) (Time) (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 homework will be available to be picked up at the school after _____ [date].

While suspended, the student may not come on any school campus except with you for the purpose of discussing conduct.

If you have any questions, please call.

Sincerely,

Administrator

Enc: Minn. Stat. §§ 121A.40-121A.56