

Project COFFEE

OUT-OF-SCHOOL SUSPENSION RECORD

Name: _____ Date: _____

Student ID# _____ D.O.B.: _____ Grade: _____

Dear Parent/Guardian:

Your son/daughter received an out-of-school suspension for the reason(s) listed below:

Duration: _____ Effective Date: _____

Administrator Signature

Student Response:

Have you been informed of reason for suspension?	Yes	No
Have you been given the opportunity to tell your version?	Yes	No
Do you wish to make a comment?	Yes	No

Do you wish to sign? Yes No

Student Signature Date

Additional Comments: _____

cc: Sending District
Student record