

# 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:

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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