INTENT TO SUSPEND FROM SCHOOL

Date			School			_
To the Parent/Guardian of:	:					
Student Name						
Student Address						
Dear Parent/Guardian:						
This letter is to inform you	that your student	t				
			Stud	ent Name		
(Student #) may be	suspended t	from school fo	or the off	ense of	
		whic	ch occurred or	n	·	
Off	fense				Date	
A hearing will be held at th	e school on		a	ıt	·	
		Date			Time	
You and your student will h what occurred at that time		nity to discus	s the incident	t and you	r student may expla	ain
Due to the continuing three process, your student was						
			Date			
to school until the suspens	ion hearing is held	d.				
Sincerely,						
Principal						