

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

NOTICE OF SUSPENSION OF UP TO TEN DAYS

Date _____

Grade _____

Date of Birth _____

Race _____ Sex _____

Dear Parent or Guardian,

We regret to inform you that in accordance with Board Policy #5006: (Name) _____ has been suspended for a period of _____ days. The reason for the suspension is as follows: (Detailed information including date and time of alleged action.)

- Recommended For Expulsion.
 Pending Further Investigation A Recommendation For Expulsion May Be Forthcoming.

While on suspension a student may not attend any Broward County School function or be on any school grounds. Students who are externally suspended and who attend alternatives to suspension programs are allowed to make up classwork. Students who elect not to participate in alternatives to suspension programs will not be allowed to make up work. Classwork is due two days after the day of the student's return.

With Prior Hearing (Student Conference)
A hearing was held pursuant to Policy 5006 during which time the student was advised of the alleged violation(s) and given an opportunity to present his/her version of the incident. At the conclusion of the hearing it was decided that Board Policy was violated and that suspension was justified. As this is a serious matter and I know that it is our joint concern to help students in their academic endeavors, please feel free to call and make an appointment to discuss this matter with me. _____
Phone Number

Without Prior Hearing (Student Conference)
Because of the nature of the alleged violation(s) or circumstance surrounding the violation(s) it was impossible to hold a hearing prior to the suspension.

This letter is to advise you concerning the nature of the allegation(s) and to inform you that a hearing concerning the allegation(s) has been set for _____ Time _____ Date _____ at _____ Address _____ to advise _____ Name _____

concerning the nature of the allegation(s) as well as to permit him/her to present his/her version of the incident. We trust that you will be able to attend this hearing with _____ Name _____

in order that we may work together in his/her best interests. If the above scheduled hearing date and/or time is not convenient for you please contact this office so that it may be rescheduled. _____
Phone Number

Should (name) _____ fail to appear for this hearing/conference we have no alternative but to extend the period of suspension to _____ days.

Your student will be expected to return to school on _____

Assistant Principal

Principal

School

ADMINISTRATION OFFICES - 600 SOUTHEAST THIRD AVENUE - FORT LAUDERDALE, FLORIDA 33301

COPIES TO: Parent/Guardian Pupil Placement Area Superintendent Student File

