

WARREN COUNTY SCHOOLS			NOTICE OF IN-SCHOOL SUSPENSION			
TO- Parent/Guardian Name:			FROM- School Name:			
Street Address:			Teacher:			
City: State: Zip Code:			Student Name:		Student Number:	
Home Phone: Work Phone:			Student's DOB:		Grade:	EC Category:
			Age:	Race:	Gender:	

Dear Parent/Guardian:

Date: _____

1. The purpose of this letter is to notify you that your son/daughter has been placed in the in-school suspension program.
2. The reason(s) for this in-school suspension is as follows:
 - (a.) A period suspension for _____ days from his/her _____ period class from _____ through _____.
 - (b.) _____ school days from _____ through _____.

3. The above misconduct violates the following School Board Policy or Regulation:

Policy 4300, Student Conduct and Discipline, Rule _____.

Other Policy or Regulation: _____

These policies and regulations can be found in your Student and/or Parent Handbooks.

4. If you would like a conference to discuss the reasons for this in-school suspension, please feel free to call me.

My telephone number is: _____

Sincerely: _____ Principal Assistant Principal

For office use only: _____ SR _____ AA
