

La Academia Dolores Huerta



Notice of Short-Term Suspension

Student Name: _____

First Day of Suspension ____ / ____ / ____

Student Address: _____

Police Report Number: _____ (if applicable)

Student Age: _____ Grade: _____ Gender: Male / Female

IEP: Yes / No 504 Plan: Yes / No

Discipline Plan Violation: Category: _____

Sub Category: _____

Term of Suspension: OSS ____ ISS ____

Suspension Beginning Date: ____ / ____ / ____

Suspension End Date: ____ / ____ / ____

Signatures:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Official Signature: _____ Date: _____

NOTE: The student must be accompanied by a parent/guardian upon her/his return to school for a meeting with the administrator/designee.