



NOTICE OF SUSPENSION

We regret to inform you it is necessary to suspend your student _____ from _____ (SIATech Site Location). Name of Student (Last, First)

Grade Level: 11 – 12 Gen. Ed or Spec. Ed. Male or Female _____/_____/_____
Date of Birth
(Circle one) (Circle One) (Circle one)

Parent/Guardian Address Home Phone Number

Parent notified by school Parent requested to call school Parent conference held

Reason for suspension:

- | | |
|--|---|
| <input type="checkbox"/> (1) Caused or threatened to cause physical injury to another person | <input type="checkbox"/> (11) Disrupted school activities; defied school officials |
| <input type="checkbox"/> (2) Possessed, sold or furnished dangerous objects/weapons/explosives | <input type="checkbox"/> (12) Knowingly received stolen school or private property |
| <input type="checkbox"/> (3) Possessed, or under influence of any controlled substance | <input type="checkbox"/> (13) Possessed imitation firearm(s) |
| <input type="checkbox"/> (4) Sold any controlled substance or intoxicant | <input type="checkbox"/> (14) Committed or attempted to commit sexual assault/battery |
| <input type="checkbox"/> (5) Committed or attempted to commit robbery or extortion | <input type="checkbox"/> (15) Harassed, threatened or intimidated a witness |
| <input type="checkbox"/> (6) Caused or attempted to cause damage to school or private property | <input type="checkbox"/> (16) Engaged in sexual harassment |
| <input type="checkbox"/> (7) Stole or attempted to steal school or private property | <input type="checkbox"/> (17) Caused, attempted to cause, or engaged in hate violence |
| <input type="checkbox"/> (8) Possessed/used tobacco products | <input type="checkbox"/> (18) Possessed an electronic signaling device, not allowed |
| <input type="checkbox"/> (9) Committed an obscene act or used habitual profanity/vulgarity | <input type="checkbox"/> (19) Caused or attempted to cause assault/battery on a school employee |
| <input type="checkbox"/> (10) Possessed or sold drug paraphernalia | <input type="checkbox"/> (20) Other: _____ |

Any of the above offenses may be grounds for expulsion.

STATEMENT OF FACTS

On: _____

Police will be notified of problems involving controlled substances, deadly weapons and serious injuries.

Police Notification (circle if applicable): Yes Date of Notification: _____

Dates of Full Day Suspension: _____ # of Days: _____

Student may return to school on (date): _____ Expulsion: is recommended is not recommended

Conditions of Suspension:

- A parent conference in person or by phone may be requested prior to return of student to school. State law requires parents or guardians to respond to this request without delay; however, reinstatement of pupil is not contingent upon parent conference.
- Students may not attend school or any school-sponsored activity, nor loiter near any school grounds during the entire period of suspension.

Site Administrator Site Phone Date

Rights: The parent/guardian has the right to examine the student's records. The parent/guardian or student has the right to request a meeting with the Site Administrator to appeal a suspension. Any further appeal should be directed to the Charter School Principal or Designee using SIATech Form S105.
Suspension: School administrators have authority to suspend students for a maximum of five (5) days for each occurrence unless there are special circumstances.
Expulsion: The Board of Directors may expel a student for the remainder of the semester and one additional semester. The student may be reinstated at the end of that time if the student requests reinstatement and the Board of Directors approves.

*If you are having difficulty understanding this form, please contact the school for assistance.
*Si tiene dificultad comprendiendo esta forma, haga el favor de comunicarse con la escuela para asistencia.