

Student ID: _____	School #: _____
Sex/Race: _____	Rule #(s): _____
# Days: _____	Bus #: _____

**PULASKI COUNTY SPECIAL SCHOOL DISTRICT  
BUS SUSPENSION NOTICE**

Name of School: \_\_\_\_\_ Date of Bus Suspension: \_\_\_\_\_ Prior Bus Suspensions: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

Your child has been suspended from riding bus number \_\_\_\_\_ or any other Pulaski County Special School District bus for \_\_\_\_\_ days beginning on \_\_\_\_\_ and ending on \_\_\_\_\_. Student may continue attending school during the period of the bus suspension, but you will be required to provide transportation.

The reason for this suspension was the fact that your child violated Policy or Rule #(s) \_\_\_\_\_ by *(Description of violation)*:

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Further misconduct on the bus will lead to suspension from school or recommendation for expulsion. Please call \_\_\_\_\_ for an appointment to discuss reinstatement of your child's bus riding privileges.

Sincerely yours,

\_\_\_\_\_  
*Signature of Principal*

- Original copy to Parent/Guardian
- One (1) copy to Equity and Pupil Services
- One (1) copy to student file