

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

**PULASKI COUNTY SPECIAL SCHOOL DISTRICT  
SUSPENSION NOTICE**

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

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

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

On the above date, your child was suspended from school for \_\_\_\_\_ days beginning on \_\_\_\_\_ and ending on \_\_\_\_\_. He/she may return to school on \_\_\_\_\_. Prior to the Student's readmission to school a student/parent/principal conference will be necessary and if possible should be held within the next 24 hours.

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

Pulaski County Special School District policy provides that a student may be temporarily suspended by the principal, when, in his/her opinion, such student has failed to conform to school regulations to the extent that his/her conduct has become a serious detrimental influence on the welfare of other students or on the general morale of the school. Students under suspension are not allowed on any Pulaski County Special School District campus until the suspension has been lifted except for a parent conference appointment. Please call \_\_\_\_\_ for an appointment for possible reinstatement.

Sincerely,

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

**COMPLETE FOR SPECIAL EDUCATION SUSPENSION INFORMATION ONLY**

Employee reporting inappropriate behavior: \_\_\_\_\_ Position: \_\_\_\_\_

Information:

Type of Conference:  IEP Staffing  Parent  Telephone

Is the handicapping condition related to the inappropriate behavior?  Yes  No  Unknown

Date of the immediate IEP review conference: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

IEP Team Members:

Chairperson: \_\_\_\_\_  
\_\_\_\_\_

*Original to Parents/Legal Guardian  
One (1) copy to Equity and Pupil Services  
One (1) copy for school files  
One (1) copy for Counseling Department*

Sincerely,

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