

PLAINFIELD PUBLIC SCHOOLS

School: _____

DISCIPLINARY / SUSPENSION NOTIFICATION

Parent: _____ Date: _____

Address: _____ Telephone #: _____

Re: _____

Student's Name/Grade

Dear _____:

Your child has exhibited unacceptable behaviors as described below.

The following disciplinary actions have been instituted.

Your child has been suspended from _____ to _____.

Description of Incident (Be Specific):

Action Taken/Recommendation for Parent Follow-Up:

Parent Contact:

Phone (date) _____ Mail (date) _____

Conference (date) _____ Guardian Referral (date) _____

Teacher's Signature

Disposition of Administrator:

Pupil returned to class _____ Referred to Counselor _____

Total # of Days _____ Suspended out of School for this incident.

Total # of Days _____ In-School-Suspension.

Cumulative # of Days _____ Suspended out of School to date.

Administrator's Signature

Student's Signature

Copies to: Original -Vice Principal

Yellow - Child Study Team Case Manager

Pink - Student/Family Support Team/Guidance Counselor

Gold - Teacher