

THE PATHWAYS SCHOOLS
SUSPENSION NOTICE

(File in Student Record, send to Administrative Office, LSS, Parent/Guardian)

STUDENT'S NAME: _____ ~~MOUOK~~

DATE OF INCIDENT: _____

REASON FOR SUSPENSION: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Drug/alcohol Possession or Use | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Drug/alcohol Distribution | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Tobacco Possession | <input type="checkbox"/> Sexual Activity |
| <input type="checkbox"/> Weapon/Explosives | <input type="checkbox"/> Disrespect/Insubordination |
| <input type="checkbox"/> Physical Attack of Staff/Adult | <input type="checkbox"/> Disruptive Behavior |
| <input type="checkbox"/> Physical Attack of Student | <input type="checkbox"/> Participating in/Provoking Disruption |
| <input type="checkbox"/> Serious Bodily Injury | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Threat of Staff/Adult | <input type="checkbox"/> Vandalism/Property Destruction |
| <input type="checkbox"/> Threat of Student | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Refusal to Obey School Policies |
| <input type="checkbox"/> Bullying/Harassment | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Extortion | _____ |
| <input type="checkbox"/> False Alarm/Bomb Threat | |

TERMS OF SUSPENSION:

Dates of ISS _____ Total # of days of current **in-school suspension (ISS)**

Dates of OSS _____ + _____ Total # of days of current **out-of-school suspension (OSS)**

+ _____ Total # of prior suspension days during school year (ISS and OSS)

= _____ Total # of days suspended during current school year

Additional comments, if any:

For any additional information, please contact: