THE PATHWAYS SCHOOLS SUSPENSION NOTICE

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

| STUDENT'S NAME: | |
|--|---|
| DATE OF INCIDENT: | |
| REASON FOR SUSPENSION: (check | Il that apply) |
| □Drug/alcohol Possession o □Drug/alcohol Distribution □Tobacco Possession □Weapon/Explosives □Physical Attack of Staff/Add □Physical Attack of Student □Serious Bodily Injury □Threat of Staff/Adult □Threat of Student □Fighting □Bullying/Harassment □Extortion □False Alarm/Bomb Threat | □Sexual Harassment□Sexual Activity□Disrespect/Insubordination |
| TERMS OF SUSPENSION: | |
| Dates of ISS | Total #of days of current <i>in-school suspension(ISS)</i> |
| 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: | |