



Notice of Possible Suspension

(Student Name)

(Grade)

(Date)

This is to notify you that you may be suspended from school pursuant to O.R.C.3313.66 (A). Suspension from school means that while you are suspended you are not allowed to come to school, attend classes or extra-curricular activities. If you have a legitimate need to be on school property, you must schedule an appointment in advance. This appointment must be approved by an administrator prior to arrival on school property. By signing, you state that you understand that you could be arrested or charged with criminal trespass if you violate any of the above stated, pursuant to O.R.C.2911.21. The reason(s) you may be suspended from school are:

- | | |
|--|--|
| _____ 1. Disruption of School | _____ 13. Theft |
| _____ 2. Harassment | _____ 14. Cheating/Plagiarism |
| _____ 3. Threats | _____ 15. Driving |
| _____ 4. Use of Obscene Language/Materials | _____ 16. Dress Code |
| _____ 5. Attendance | _____ 17. Inappropriate Display of Affection |
| _____ 6. Forgery | _____ 18. Unauthorized or Unsupervised Area |
| _____ 7. Damage of Property | _____ 19. Truancy |
| _____ 8. Assault | _____ 20. Computers |
| _____ 9. Failure to Obey Instructions/Insubordination/Disrespect | _____ 21. Violation of Bus Rules |
| _____ 10. Dangerous Weapons and Instruments | _____ 22. General Misconduct |
| _____ 11. Narcotics, Alcoholic Beverages, and Drugs | _____ 23. Gross Misconduct |
| _____ 12. Tobacco | _____ 24. Other _____ |

You now have the opportunity to meet with the appropriate school official at an informal hearing to challenge the reason(s) for the intended suspension or otherwise explain your actions.

Signature of Administrator

I have read the above statements regarding my possible suspension from school. My signature indicates the awareness of the opportunity to present information that could affect my possible suspension. I have received a copy of this notice of possible suspension.

Days Recommended _____ of: _____ISS _____SAP _____OSS

Dates of Suspension _____

Signature of Student

Office use only-----

Phone Number _____

Date Parent Contacted: ____ / ____ / ____

Person Contacted: _____