

ZACHARY COMMUNITY SCHOOL BOARD

Name of School

School # _____ Student# _____ Grade _____ Special Education Yes No

To:

Mr & Mrs. _____

Date

Street Address

Name of Student

City, State Zip

Birthdate

Telephone Number

Race

Sex

Date parent was contacted by Principal/Designee or Supervisor of Child Welfare and Attendance _____

YOUR CHILD HAS BEEN: Recommended for a long-term suspension for _____ days.
 Recommended for expulsion

Beginning Date: ____/____/____ Ending Date ____/____/____ Number of Days _____

YOUR CHILD MAY RETURN TO THE REGULAR ASSIGNED SCHOOL ON: ____/____/____ OR A DATE DESIGNATED BY THE HEARING OFFICER

THIS IS THE _____ SUSPENSION. SUSPENSION EXPULSION RECOMMENDED FOR THE FOLLOWING REASONS:

1. _____
2. _____
3. _____
4. _____

We regret that it has been necessary to take this disciplinary action. If you desire further information concerning this matter, you may contact the school at the following telephone number: _____.
We are hopeful that our coordinated efforts will lead to better communication and a solution to the problem.

A Hearing to review this matter has been assigned to Monte Burke (Hearing Officer)
on _____ at _____.

Date

Time

At the Zachary Community School District Main Office
4656 Main Street
Zachary, LA 70791
(225) 658-4969

Principal or Designee

Assistant Principal

**** Parents have the right to request to view all evidence to be presented by the school at the expulsion hearing.

Copy to: Parent Main Office Principal