PINE CREEK SCHOOL DIVISION
NOTICE OF STUDENT SUSPENSION

This form is to be sent to the Superintendent within 24 hours of the suspension of any student.

SCHOOL: _____ DATE: _____

NAME OF STUDENT: _____ Age: _____ Grade: _____

Have parents been notified: Yes ____ No ____ Reason (if no): _____
By what means: Telephone: _____ Letter: _____ Other: _____

Type of Suspension:
- ☐ Suspension out of school ☐ Length: _____
- ☐ Suspension in school ☐ Length: _____

Misbehaviour:
- ☐ Disrespect Authority
- ☐ Disrespect Learning
- ☐ Disrespect People
- ☐ Disrespect Property
- ☐ Drugs/Alcohol

Nature:
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Details: _____

Suspension History (two or more out of school requires a student discipline plan). _____

Follow Up Plans: _____

_____
Administrator's Signature

Division Office:
Date reported to Board of trustees: _____

Comments: _____