

Kimberly School District

141 Center Street West
Kimberly, ID 83341
(208) 423-4170

NOTICE OF SUSPENSION

Policy 3300F

To the parent(s)/legal guardian of: _____ Grade _____.

Your son/daughter/ward has been suspended for a period of _____ days, from _____ through _____.

This is an out of school / in school suspension which includes all extra-curricular activities.

Parent/guardian was contacted on _____ by phone or in person.
DATE

REASON FOR SUSPENSION: _____

OTHER INFORMATION: _____

Upon request of the parent or legal guardian, a review of the suspension shall be conducted by the Superintendent. At the review, the student and parent or legal guardian may appear and discuss the suspension with the Superintendent. After the meeting, the Superintendent shall take such action as appropriate. That action is final.

Principal's signature