

SOUTHGATE ACADEMY

SUSPENSIONS/ARRESTS

Name of student _____ Birthdate _____
(Last) (First) (I)

(Sch. No.) (School Name) (Matric No.) (Grade) (Sex) (Ethnic Code)

Submitted by _____
(Name) (Title) (Date)

FILL OUT FOR SUSPENSION AND ARREST

Number of Days Suspended _____ Date of Suspension _____ thru _____
(Mo/Day/Yr) (Mo/Day/Yr)

Students may return to school on _____
(Mo/Day/Yr)

Brief statement of facts:

Check one:

Short-Term Suspension _____ (or) Long-Term Suspension _____ (or) Short-Term, pending

Possible Long-Term Suspension _____ Hearing on _____ at ____:_____

Has student been suspended previously during present school year _____(yes) _____(no)

If yes, give dates of suspension(s) _____ thru _____.
(Mo/Day/Yr) (Mo/Day/Yr)

Is the student a Special Education student _____(yes) _____(no)

Has the student ever been identified as a special Education student? _____(yes) _____(no)

FILL OUT FOR SUSPENSION ONLY