

[Date]

Dear _____ [Parent(s)/Guardian(s)]:

As you have been notified, I have requested permission from the Superintendent to suspend your child, _____ [name], for _____ days [in excess of ten days]. Prior to the suspension, a hearing will be conducted to determine whether or not _____ [name] is guilty of violating the following school and/or School Board discipline code(s)/policy(ies):

[list violations]

The hearing will be conducted on _____ [date/time] at _____ [location].

Also, if checked below, the following provision applies to this discipline situation:

_____ In accordance with Board Policy IGAJ, this student will not be allowed to take driver's education from Transylvania County Schools for one year from the date of the suspension. This policy applies to suspensions for violations concerning the possession or consumption of alcoholic beverages or illegal substances, possession of a weapon, and the assault of school personnel on school property. By state law (G.S. 20-11), students suspended or assigned to an alternative learning program for more than 10 consecutive days for such an offense will not be allowed to hold a driver's permit/license for one year from the date of the offense.

If you have any questions about the hearing, please give me a call at _____ [telephone number].

Sincerely,

[Principal]

c: Superintendent

Attachments

APPROVED BY BOARD
AND EFFECTIVE 6/27/94
REVISED 11/3/94
REVISED 7/18/05