

Notice of Suspension	
Date:	
Student Name: Date of Birth: Grade: School:	Parent/Guardian Name:
Date of Incident:	Number of Days of Suspension:
Suspension Date(s):	Expected Return Date:
• •	at the above named student has been suspended from school pursuant to ct for engaging in the following activity and/or behaviour:
Brief description of incident:	
	e student is not permitted to participate in any school or board sponsored nout permission of the school principal or designate.
be provided to the Office of the Super discuss any matter with respect to the	section 309 of the Education Act. Written notice of the intention to appeal must rintendent, within 10 school days of the commencement of the suspension. To e appeal of the suspension, please contact the Superintendent at Please be advised that an appeal of the suspension does not delay this uspension.
Please contact the school principal if y	you would like to discuss the matter further.
Principal Name:	

Copies: Teacher(s) of Pupil

Principal Signature:

Superintendent of Education - Safe Schools

Ontario Student Record