



POLICY NUMBER: APP.A.SMW.E.1

APPROVAL DATE:
October 1, 2001

LAST REVISED:
October 1, 2001

SUSPENSION LETTER

.. date ...

[Student's Name if Adult/Parent's Name if Student is a Minor]
[Home Address]

Dear [Student/Parent]:

Re: Suspension of [Name of Student], [D.O.B.] from [name of School].

You/ [student's name] have/has been suspended from [name of School] and from engaging in all school related activities from [effective date of suspension] to [last day of suspension] inclusive, i.e. [number of days]. This suspension applies to all school buildings, grounds, school buses and school functions and trips. You/ [student's name] may return to school on [date] at [time]. You/[student's name] must report to the office before returning to school.

Please be advised that this suspension is made in accordance with section 306 [if mandatory suspension]/section 307 [if discretionary suspension] of the *Education Act* and in accordance with the Wellington Catholic District School Board's Code of Conduct, Student Suspension Policy and the School Code of Conduct.

The reason for the suspension is [use the mandatory/discretionary infraction applicable]. (Set out a summary of factual circumstances underlying the decision together with the reasons why a suspension was determined to be appropriate in these circumstances).

[For suspensions of more than one day include]: Should you wish to request a review of this suspension, please contact me in writing within three (3) school days of the commencement of the suspension, i.e. before [insert date]. If you wish to request a review of this suspension, please be aware that the review does not stay the suspension.

Sincerely,

Principal

cc. Superintendent of Education
Ontario Student Record (O.S.R.)