

DENVER PUBLIC SCHOOLS

PARENT NOTIFICATION LETTER OUT-OF-SCHOOL SUSPENSION UP TO FIVE DAYS

Today's Date

Student's First Name
Student's Middle Name
Student's Last Name
Parent's Name
Address
City
State
Zip

Student ID
Date of Birth
Grade

Parent's Phone

Date of Incident

Reason for Suspension(Offense title found on matrix)

Start Date of Current Suspension

Days of Suspension

End Date of Current Suspension
 (Pay close attention to weekends and school holidays)

The above named student has been suspended from school for the reason and dates shown. A conference has been scheduled for _____ **at** _____ **for** _____ **. To review the suspension or reschedule the appointment, please call** _____ **at** _____ **.**
 Please request homework for your student by contacting _____ **at** _____ **.** During this suspension, the student is not to be on any Denver Public Schools property without permission of the principal or designee in charge. During this suspension, students shall be allowed to earn equivalent grades and credits if they complete the required coursework. The school will provide make-up work during the suspension period. Students and parents also have the right to appeal the suspension. Please see Section 6-5 of BOE Policy JK-R.

This suspension will be counted towards declaration of the student as habitually disruptive.

Yes

No

DISCIPLINE INCIDENT REPORT- Page 1

School:

Person Reporting:

Date of Incident:

Time of Incident:

Description of Incident: (who, what, where, when & why). Use Student A, Student B, Teacher A for all names except the name of the student for whom this request is being submitted

Action Taken:

Follow Up Action Planned?	Yes	No
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Notifications (check all that apply)

Police:	Date:
	Time:

Doctor/Nurse:	Date:
	Time:

Parent/s:	Date:
	Time:

911:	Date:
	Time:

Discipline Incident Report- Page 2

School Name:

Date of Incident:

Name of students and/or persons involved in incident. (For this section you **WILL** provide the names for each person involved.)

Example:

Student A: Last Name, First Name

Student B: Last Name, First Name

Teacher A: Last Name, First Name



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MEMO REQUESTING EXTENSION TO SUSPENSION AND RECOMMENDATION REGARDING POSSIBLE EXPULSION

TO: Dr. Miranda B. Kogon, Associate Chief, SE&O
 FROM: _____, Principal
 DATE:
 SUBJECT: Request for Extension of Suspension

Student's First Name	Student ID
Student's Middle Name	Date of Birth
Student's Last Name	Grade
Parent's Name	
Address	
City	
State	Parent's Phone
Zip	

Date of Incident

Reason for Suspension(Offense title found on matrix)

Start Date of Current Suspension

Days of Suspension:

End Date of Current Suspension

(Pay close attention to weekends and school holidays)

Request dates for Extended Suspension

through

(Pay close attention to weekends and school holidays)

Administrative Statement: Provide a synopsis of the incident that led to the expulsion request. Use Student A, Student B, Teacher A for all names except the name of the student for whom this request is being submitted.