

Letter: Suspension of 6 – 10 Days

(School Letter Head)

(Insert SCHOOL NAME)

(Insert School Address, Street, City, Ontario, Postal Code) Tel: (613) (Telephone)

(Date (Month, Day, Year)

(Name of Parent/Guardian/Adult Student) and

(Name of the Student)

(Address)

(City and Province)

(Postal Code)

Dear (Name of Parent/Guardian/Adult Student) and (Name of the Student):
or (Name of the Student): if > 17 yrs.

Re: Student's First and Last Name
 Date of Birth: Month, day, year
 Grade

This letter will serve to notify you that **(Student's First and Last Name)** has been suspended from **(Name of School)** for a period of **(indicate number)** school days pursuant to section 306 of the *Education Act*. This suspension will begin **(First Day of Suspension)**. **(Student's First Name)** is expected to return to school on **(Date)**.

This disciplinary action is the result of the following conduct:

(indicate the primary infraction / reason under the Education Act and/or Board policy)

(indicate the secondary infraction / reason (if appropriate) under the Education Act and/or Board policy)

- uttering a threat to inflict serious bodily harm on another person;
- possessing alcohol or illegal drugs;
- swearing at a teacher or at another person in a position of authority;
- committing an act of vandalism that causes extensive damage to school property at the school or to property located on the premises of the school or Board premises;
- bullying;
- medical immunization;
- persistent truancy;
- persistent opposition to authority;
- habitual neglect of duty;
- serious breaches of the Board Code of Conduct or the School Code of Conduct;

- conduct injurious to the moral tone of the school;
- conduct injurious to the physical or mental well-being of others in the school;
- the use of tobacco;
- the use of profane or improper language;
- infraction(s) off school property where the pupil's conduct in the community negatively impacts on the school;
- dress that contravenes the established dress code within a school;
- being in possession of, or being under the influence of, or providing others with legal drugs without a prescription for the said drugs, or in a manner or an amount not contemplated by a prescription for the said drugs, or in a manner or an amount not contemplated in the general instructions for use of the said drugs;
- being under the influence of alcohol or illegal drugs;
- taking photographs and/or video and/or audio recordings during an instructional class and in other areas of the school, unless authorized by the Principal or classroom teacher;
- harassing another person by the use of mechanical/electronic technology or communications;
- invading another person's privacy by the use of mechanical/electronic technology or communications;
- production, possession and/or distribution of hate material, including pornography;
- possession or misuse of any harmful and/or explosive substances;
- extortion;
- theft;
- aid/incite harmful behaviour;
- physical assault.

Specifically, **(if required, provide details of infraction)**

The school will provide a homework package to you to assist **(Student's First Name)** in maintaining his/her academic program. Please contact the school office to receive the homework package. In addition, **(Student's First Name)** is encouraged to participate in the Board's Safe Schools Alternative Program. Please contact me if **(Student's First Name)** is committed to participating in the Safe Schools Alternative Program.

If **(Student's First Name)** makes a commitment to attend the Board's Safe Schools Alternative Program, a Student Action Plan will be developed. The Student Action Plan will include an academic component to support the student. The Board will consider the types of support, if any, **(Student's First Name)** will require during the suspension and upon his/her return to school.

During the term of the suspension, with the exception of attendance at the Safe Schools Alternative Program, **(Student's First Name)** is not permitted to participate in any school or board sponsored activities, ride any school board transportation or be on school property without my permission.

If you have any questions about this action, please contact me or the school's Superintendent of School Effectiveness, (name of Superintendent).

You may wish to appeal the suspension under section 309 of the *Education Act*. You are required to provide written notice of your intention to appeal to Mr. Michael Schmitt, Director of Education, Algonquin and Lakeshore Catholic District School Board, within 10 school days of the commencement of the suspension. In addition, you

may contact to discuss any matter with respect to the appeal of the suspension or you may contact Mrs. Lynn Wallace, Superintendent of School Effectiveness – Safe Schools to discuss the procedures governing the appeal process. The contact information for Mrs. Lynn Wallace, Superintendent of School Effectiveness – Safe Schools is Algonquin and Lakeshore Catholic District School Board 151 Dairy Avenue, Napanee, Ontario K7R 4B2 Tel: (613) 354-6257, ext. 484, or toll free: 1-800-581-1116.

Please be advised that an appeal of the suspension does not delay this suspension. The student serves the suspension.

Sincerely,

[Signature of Principal]

Principal

Copies: Director of Education
Superintendent of School Effectiveness
Superintendent of School Effectiveness – Safe Schools
Ontario Student Record
Teacher (s)
Administrator (s)
Attendance Counsellor

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