Kenyon-Wanamingo Public Schools_____



District 2172 Office 225 Third Avenue Wanamingo, MN 55983 Phone 507-789-7001 Fax 507-789-7032 Middle-High School 400 Sixth Street Kenyon, MN 55946 Phone 507-789-7007 Fax 507-789-6188 Elementary School 225 Third Avenue Wanamingo, MN 55983 Phone 507-824-2211 Fax 507-789-7033

NOTICE OF SUSPENSION (Date)

(Name of Parent or Guardian) (Address) (City, State, Zip)

Dear (Parent or Guardian)

(Name of Student) has been suspended from (name of school) for (number of days) commencing on (date).

The grounds for suspension are:

Briefly, the facts that have been determined are:

The testimony received was:

An administrative conference to determine the above was conducted before

, at _____ on _____ (Name of Administrator) (Time) (Date)

pursuant to Minn. Stat. §§ 121A.40-121A.56, a copy of which is enclosed.

The plan of readmission is:

Alternative educational services in the form of homework will be available to be picked up at the school after [date]____.

While suspended, the student may not come on any school campus except with you for the purpose of discussing conduct.

If you have any questions, please call.

Sincerely,

Administrator

Enc: Minn. Stat. §§ 121A.40-121A.56