

**NORTH LAKE SCHOOL DISTRICT**

N75 W31283 Hwy VV  
P.O. Box 188  
North Lake, WI 53064

**NOTIFICATION OF SUSPENSION**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent Name \_\_\_\_\_ Address \_\_\_\_\_

Number of days of suspension \_\_\_\_\_ From (Date) \_\_\_\_\_ Through (Date) \_\_\_\_\_

Telephone contact with parent on (Date) \_\_\_\_\_ (Time) \_\_\_\_\_ (By) \_\_\_\_\_

Social Probation from (Date) \_\_\_\_\_ Through (Date) \_\_\_\_\_

**Reason for Suspension:**

- |  |   |
|--|---|
| <input type="checkbox"/> a. Insubordination  | <input type="checkbox"/> i. Possession of obscene material                |
| <input type="checkbox"/> b. Gross Misconduct   | <input type="checkbox"/> j. Profanity                                     |
| <input type="checkbox"/> c. Smoking/possession of smoking materials  | <input type="checkbox"/> k. Theft/or knowingly possessing stolen property |
| <input type="checkbox"/> d. Use, possession or sale of drugs, alcohol or drug related material, also sale of look-alike substances | <input type="checkbox"/> l. Repeated violation of school rules            |
| <input type="checkbox"/> e. Vandalism or attempted vandalism   | <input type="checkbox"/> m. Illegal activity                              |
| <input type="checkbox"/> f. Use or possession of a weapon  | <input type="checkbox"/> n. Cheating                                      |
| <input type="checkbox"/> g. Gambling   | <input type="checkbox"/> o. Truancy/excessive tardiness                   |
| <input type="checkbox"/> h. Fighting/deliberate injury to another student  | <input type="checkbox"/> p. Bus related incident                          |
|  | <input type="checkbox"/> q. Other   |

Detailed explanation of incident(s): \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Parents,

The suspension is in compliance with the North Lake School District Policy #6013 "Student Suspension". The school district is charged with the conduct of all students, as well as the protection and safety of all students and staff members. This incident and subsequent disciplinary action have been discussed with all students/staff members concerned.

If you have any questions, please feel free to contact Mrs. Liesl R. Ackley, 262-966-2033.

\_\_\_\_\_  
Principal/Designee

\_\_\_\_\_  
Date

Principal Requests Conference:      Yes      No

Parent Requests Conference:      Yes      No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Copies to: Parent, Superintendent, Student File*