

NOTICE OF SUSPENSION REVIEW COMMITTEE MEETING

TO: _____ DATE: _____
(Name of Parent or Guardian)

SUBJECT: _____
(Name of Student)

Please be advised that a meeting of the Suspension Review Committee has been scheduled for the ____ day of _____, 2____, at ____ a.m./p.m. at _____.

You have previously been furnished with a copy of your appeal rights.

Please contact me if you have any questions.

Principal