

KNOX COUNTY SCHOOLS

REQUEST FOR SHORT-TERM SUSPENSION REVIEW
(For Suspensions From School of Four [4] Days or Less)

Notice: Board of Education policy allows for a review of the record of short-term suspensions (4 days or less) for procedural correctness, provided the parent/guardian makes the request to the school principal within five (5) days of learning about the suspension.

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Street and Number \_\_\_\_\_ Post Office and Zip Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Length of Suspension \_\_\_\_\_ days

Beginning Date of Suspension \_\_\_\_\_ Date Parent Learned of Suspension \_\_\_\_\_

Please give details of the incident which led to the suspension of your child.
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you requesting a review of the school's decision to suspend your child? (Did the school fail to follow Board policy?)
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What review of records should be considered which have been overlooked or ignored in this situation?
\_\_\_\_\_  
\_\_\_\_\_

Have you had a conference with the principal and your child about this situation? Yes [ ] No [ ]
If NO, it is suggested that you have a conference and give the principal an opportunity to correct any procedural errors before submitting this request for review.
If YES and you still wish to request a review, please sign below. The principal will forward your request to the office of the Superintendent as soon as possible.

Signed \_\_\_\_\_ Date \_\_\_\_\_
Principal/Assistant Principal

Signed \_\_\_\_\_ Date \_\_\_\_\_
Parent/Guardian

This section to be completed by Superintendent's Designee.
[ ] Records in order; suspension upheld
[ ] Records not in order; student is to return to school and be permitted to make up assignments. Explanation: \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_

Original - Superintendent's Designee
Copy - Principal
Copy - Parent