

NOTIFICATION OF SUSPENSION / CONSIDERING EXPULSION

To: _____	School _____
Attention: _____	(School Education Director) Date: _____
NOTIFICATION OF:	Date of Susp/Expul: _____
<input type="checkbox"/> More than 2 short suspensions	Proposed No. School Days: _____
<input type="checkbox"/> Long Suspension	Deadline for Resolution: _____
<input type="checkbox"/> More than 2 long suspensions (approval required)	
<input type="checkbox"/> Considering expulsion	

NAME OF STUDENT: _____	YEAR: _____	PHONE: _____
DATE OF BIRTH: _____	PARENT/CARER: _____	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> NESB
<input type="checkbox"/> OTHER	<input type="checkbox"/> ATSI	

REASON FOR LONG SUSPENSION	
<input type="checkbox"/> Physical violence	<input type="checkbox"/> Possession/use of suspected illegal substance
<input type="checkbox"/> Use/possession of prohibited weapon, firearm or knife	<input type="checkbox"/> Persistent or serious misbehaviour
<input type="checkbox"/> Use of an implement as a weapon	<input type="checkbox"/> Serious criminal behaviour
Details (please complete): _____	

REASON FOR CONSIDERING EXPULSION: <input type="checkbox"/> Misbehaviour <input type="checkbox"/> Unsatisfactory participation
Details: _____

ACTIONS:
<input type="checkbox"/> Written advice of possible suspension to parents (in non-urgent circumstances)
<input type="checkbox"/> Parents provided with policy / school discipline code
<input type="checkbox"/> School counsellor report with recommendation(s) prepared
<input type="checkbox"/> Interpreter / cultural assistance / translation of documents organised as required
<input type="checkbox"/> Parents notified of appeal rights
No. of suspensions in past 12 month: _____ Short _____ Long
Assistance from regional office required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comment: _____

Principal's Signature: _____ **Date:** _____

Director's Comment: _____