

Suspension

Student:

Date:

FSM

☐

LAC ☐

Year:

SEN

☐

CIN/CP/CSE/CCE ☐

Suspension details

Requested by:

Reason(s) for suspension:

Number of days suspended: _____ Parent/Carers contacted: Yes / No By : _____

Total number of days suspension to date :

Wording for the formal letter:

Only to be authorised by: **Principal or delegated senior staff member in academy**

Signature: _____ Date: _____

Letter given to student Y/N

Arrangements for student to get home: Walk / Academy Transport / Parent collecting / Other

Work Provided: _____ If not, please provide a reason :

Readmission details

Date:

Time:

By who: **(Insert staff names)** Other: _____

Any documents should be attached to this form.

Inform Office staff and EWO when the student has left site. E to be used on register.

This form to be passed to **Office** for logging.

RE-INTEGRATION INTERVIEW FOLLOWING SUSPENSION/C6 SUSPENSION

Student name:		Year group:	
Staff name:		Parent or Carer:	
Length of suspension (max 5 days):			
Summary details of the incident leading to suspension:			
Sanction by the parent to support the Academy:			
Details of any further discussion:			
Details of any follow up/action required:			
Conditions of readmission:			
1			
2			
3			
Report:	Not required at this time	To be issued	Already on report

I understand and agree to the terms of my readmission. It is my responsibility to meet these conditions and show my report, if one has been issued, to my teachers and parents/carers.

Signed Student:		Readmitted:	Yes / No
Signed Parent/Carer			
Signed Staff:			