

## Newark Public Schools

\_\_\_\_\_ School

### Superintendent's Suspension Data

To be sent to Assistant Superintendent on the 1st day of Superintendent's Suspension

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is student classified, in process of classification, or 504? \_\_\_\_\_

Name of Parent or Guardian (relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_

Recommended Dates of Superintendent Suspension: \_\_\_\_\_

1. **Immediate cause of suspension:**
2. **Summary of behavior – (with peers & adults) suspensions and disciplinary history** (see attached):
3. **Attendance data:**
4. **Will parents/guardian require translator?** Yes \_\_\_ No \_\_\_ Language \_\_\_\_\_
5. **Names of witness(es)** (attach statements):

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach:       Guidance/counseling/pertinent notes and reports  
              Copy of principal suspension hearings  
              Notes from Office of Special Education re: Manifestation determination