



CENTRAL OKANAGAN  
"Together We Learn"

## STUDENT SUSPENSION INFORMATION SHEET

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(yr-mo-day)

ADDRESS (Student): \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER (include work no. if available) Home: \_\_\_\_\_ Work: \_\_\_\_\_

1. Comments on performance and behaviour at school:

2. Steps taken to improve the behaviour:

3. Recent academic progress:

4. Additional Comments:

5. Recommendation(s) to Suspension Committee:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

**NOTE:**

For Indefinite Suspensions, please include three copies of all information being submitted to the Suspension Review Committee.

Date Agreed: February 1994

Date Amended: May 1994; September 2000;

Date Reviewed/Amended: November 13, 2002

Date Reviewed: November 26, 2014

Date Amended: