

# Bedford County Board of Education

Dear Parent/Guardian:

Date of Notice: \_\_\_/\_\_\_/\_\_\_

This is to inform you that due to the reason(s) stated, your child \_\_\_\_\_  
has been suspended from school attendance for a period of \_\_\_\_\_ school days \_\_\_\_\_  
through \_\_\_\_\_. Your child may return to school on \_\_\_\_\_.  
Ending Date Beginning Date Return Date

During this suspension period, your child \_\_\_\_\_ is to report to the Bedford  
County OSS Program located at 400 A Elm Street Shelbyville, TN from 8:30 am – 2:30 pm. **You**  
**are responsible for providing transportation and lunch for your child. Dress Code will be enforced.**

Failure to report to the Bedford County OSS Program may result in a petition being filed with the  
Juvenile Court System. Should this petition be filed, your child may spend a night in detention, and you  
will be responsible for the cost (est. \$115.00). If any questions please call (931) 685-4347.

List any medical concerns:

\_\_\_\_\_

SPED Services/ 504:

\_\_\_\_\_

**Reason(s) for Suspension:**

\_\_\_\_\_

The box indicated below verifies the current status of your child's suspension:

This suspension is for ten (10) days or less. Therefore, I am requesting a meeting with the parents  
or guardian and the student to discuss the reasons for and length of the suspension and set  
conditions for readmission. The following date, time and locations of the meeting have been  
scheduled. Please advise if this date is not acceptable.

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Date	Time	Location
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This offense justifies a suspension of more than ten (10) days. You are hereby advised of your  
right to appeal for any suspension of more than (10) days. All appeals must be filed in writing  
within (5) days after receipt of this notice. If you are requesting a hearing, it will be scheduled  
before the Discipline Hearing Authority. You will be notified of the date, time, and location.  
Please contact Barry Bennett at 931-684-3284 Ext. 2210.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Address/ Telephone

\_\_\_\_\_  
Date