

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.

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

