



Kimball Area Public Schools; ISD 739
100 Hwy 55 W; PO Box 368 Kimball, MN 55353
320-398-7700 www.kimball.k12.mn.us

NOTICE OF SUSPENSION

(date)

(name of parent/guardian)
(address)
(city, state, zip)

Dear (parent/guardian),

(name of student) has been suspended from (name of school) for (number of days) commencing on (date).

The grounds for suspension are:

Briefly, the facts that have been determined are:

The testimony received was:

An administrative conference to determine the above was conducted before

_____, at _____ on _____
(name of administrator) (time) (date)

Pursuant to Minn. SS 121A.40-121A.56, a copy of which is enclosed.

The plan of readmission is:

Alternative educational services in the form of homework will be available to be picked up at the school after _____.

While suspended, the student may not come on any school campus except with you for the purpose of discussing conduct.

If you have any questions, please call.

Sincerely,

Administrator

Enc: Minn. Stat. SS 121A.40-121A.56

Policy 506 Form
2022