GOV-100B APPLICATION FOR APPROVAL OF EXTENDED SUSPENSION/CHECKLIST

NAME OF SCHOOL: _____

SCHOOL ADMINISTRATOR: _____

TO BE COMPLETED AND SUBMITTED TO:

☐ **Regional Assistant Director of Education (Programs) for approval of <u>6-10 day</u> suspension.**

☐ **Director of Education for approval of suspension for <u>more than 10 days.</u>**

STUDENT INFORMATION (PLEASE PRINT):	
NAME: _____ LAST FIRST MIDDLE	**DATE OF BIRTH:** _____ _____ _____ Month Day Year **GRADE :**
APPROVAL IS REQUESTED TO SUSPEND STUDENT FOR: _____ DAYS	
RATIONALE FOR REQUESTING EXTENDED SUSPENSION *(e.g. medical assessment, documentation necessary from other agency, nature of incident, pending court order, etc.)* ☐ Documents attached _____	
TOTAL NUMBER OF DAYS SUSPENDED TO DATE IN THIS CURRENT SCHOOL YEAR: _____ **As per Section 36(5) of the Schools Act, 1997, suspensions should total no more than 30 days in one school year, except where approved by the Director of Education.*	
If the student is currently on a suspension from school, please complete the following: *Suspension letter, including notification of their right to appeal, has been sent to parent/guardian.* *Parent/guardian has been contacted/meeting has been scheduled.*	YES ☐ NO ☐ YES ☐ NO ☐
Police have been contacted	YES ☐ NO ☐ NA☐
Suspension Recommendation has been discussed with Senior Education Officer	YES ☐ NO ☐
☐ **Extended suspension not approved.** ☐ **Suspension approved for _____ days.** _____ _____ **Signature of Director/Assistant Director** **Date Approved:**	

* *(SIGNED COPY TO BE INCLUDED IN STUDENT'S CONFIDENTIAL FILE)* *NLESD/NOVEMBER 2015*