

WILLARD CITY SCHOOL DISTRICT

NOTICE OF INTENDED BUS SUSPENSION

Student's Name: _____ Date: _____ Time: _____

This notice is to inform you that you may be suspended from bus transportation to and from school. The reason(s) you may be suspended from bus privileges are:

You allegedly _____

You have the right to an informal hearing regarding this matter, to ask questions, and to explain your side of what happened.

(Signature of Administrator)

I received a copy of this notice of intended bus suspension.

(Signature of Student)

For students eighteen (18) years and older only:

I hereby consent to your release of this notice to my parent, guardian, or custodian.

(Signature of Student)