Tucson Unified School District <u>School Name</u> <u>School Address</u> <u>School Phone Number</u>

ABEYANCE CONTRACT FOR A SHORT-TERM SUSPENSION

<u>Parent/Legal Guardian Name</u> <u>Address</u> Tucson, Arizona 857 <u>Last 2 #'s</u>

Re: <u>Student Name</u> Matric#: <u>#</u> Grade: <u>#</u> Ethnic Code: <u>#</u> Gender: <u>M/F</u> Ex Ed: <u>Y/N</u> 504: <u>Y/N</u> Date of Incident: <u>Date</u>

Recitals:

- 1. <u>Student Name</u> acknowledges violating the Guidelines For Student Rights & Responsibilities as follows: <u>Violation Name(s)</u>. The student <u>Brief Description</u> <u>of Student Behavior from Comment Section</u>.
- 2. The consequence of this violation includes a short-term suspension (a suspension that is less than eleven (11) days).
- 3. The school administration intends to impose a suspension for <u># Days</u> days, beginning on <u>Suspension Start Date</u> and ending on <u>Abeyance Contract End</u> <u>Date</u>.
- Optional: [Delete this section if there are no optional recitations].
 [Parents/Legal Guardians] intend to obtain counseling for [student].
 [Parents/Legal Guardians] intend to complete regular drug testing.]

Terms and Conditions:

- **1.** The student and Parent/Legal Guardian agree to waive any appeal of the suspension.
- 2. The student will serve <u># Days Suspension</u> days of suspension and may return to school on <u>Return Date from Suspension</u>. The school agrees to hold <u># Days</u> days of suspension in abeyance.
- 3. The student agrees to obey all school rules and to attend every class, every day unless excused by a parent/legal guardian.



- 4. If the student has any further violation of the Guidelines For Student Rights & Responsibilities, any remaining suspension days will automatically be imposed in addition to any consequences for the current violation.
- 5. Optional requirements from Optional Conditions Sheet may be entered here. If no optional conditions are imposed, delete this statement.
- \Box I accept and agree to the terms and conditions stated above including the waiver of any subsequent appeals.
- \Box I reject this offer.

Signatures

<u>Student Name</u>

Parent/Legal Guardian Name

Administrator Name, District Administrator

Date Signed

Copies to: Student Equity Student Cumulative File Other (Type in Site Offices Requiring Copies If Applicable)

JK-R4-E1 – Abeyance Contract for ST Suspension 3-24-09