

Woodridge Local School District

NOTICE OF BUS SUSPENSION

Student's Name: _____ Date: _____

Name of Parent or Guardian

Address

Dear _____:

You are hereby advised that _____ has been suspended from riding the bus. The reason(s) for the bus suspension is (are) as follows:

If you wish to appeal this suspension, please complete Item B below.

The bus suspension information details follow:

- A. Bus suspension for _____ day(s), effective _____ Bus privileges will resume on _____.
- B. Parent Appeal Conference
Date Requested _____ Time _____

If you have any questions regarding the above, please feel free to contact me.

Principal