

PLYMOUTH COMMUNITY SCHOOL CORPORATION

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