

BOSTON PUBLIC SCHOOLS

Notification of Indefinite Suspension: Felony Complaint

Code of Conduct
Attachment 3.9 (rev. 6/01/10)



Send two copies. Ask parent to sign and return one copy to the school.

School Name: _____

Date: _____

Dear _____:
(parent or guardian)

On _____, 20____, your son/daughter _____ violated Section(s) of the Code of Conduct for the following reasons: _____. Under Massachusetts General Law Chapter 71, Section 37H^{1/2}, a school may suspend a student indefinitely when the student is **charged** with a felony complaint or felony delinquency. The basis for the hearing is that on _____ your son/daughter was **charged** under Massachusetts General Law Chapter _____, Sections _____.

On _____, I conducted a formal hearing to consider indefinite suspension for your son/daughter. Present and providing testimony at that hearing was: _____

Present but not providing testimony at that hearing was: _____

It is my judgment that in light of the nature of the charges for which your son/daughter has been **charged**, or to which he/she has admitted, his/her continued presence at _____ School would have a substantial detrimental effect on the school's general welfare and our mission of providing students with the opportunity to engage in learning in a safe and secure environment in the following manner _____

As the Hearing Officer, I found clear and convincing evidence that your son/daughter did violate Section _____ of the Code of Conduct. I am therefore recommending an indefinite suspension pending the outcome of the aforementioned felony charges or felony delinquency (for a student under 18). During the suspension, your son/daughter may not enter the school building or schoolyard unless accompanied by you to attend a conference. When your son/daughter returns to school, he/she is entitled to make up all the schoolwork he/she missed.

You have the right to appeal this decision to the Superintendent's Office within ten (10) school days of the day you receive this letter. At that appeal, you have the right to be represented by an attorney, to call witnesses, and to hear testimony. An interpreter will be available if one is needed.

As soon as the necessary paperwork is received, the Director of Alternative Education will contact you concerning educational options that may be available for your son/daughter during the period of suspension. If you have any questions, please contact the Director of Alternative Education at 617-635-8035.

Principal / Headmaster

*This is to acknowledge receipt of
this Notification of Indefinite Suspension.*

Signed _____

Print Name _____

Relationship to

Student _____

Date _____

*Please sign one letter and return it to your
son's/daughter's school. Keep the other letter
for your records. Thank you.*

cc: Enrollment Services
Student Permanent Record