

**Tucson Unified School District**  
School Name  
School Address  
School Phone Number

**ABEYANCE CONTRACT FOR A SHORT-TERM SUSPENSION**

Parent/Legal Guardian Name

Address

Tucson, Arizona 857 Last 2 #'s

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

**Recitals:**

1. Student Name acknowledges violating the Guidelines For Student Rights & Responsibilities as follows: Violation Name(s). The student Brief Description of Student Behavior from Comment Section.
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 # Days days, beginning on Suspension Start Date and ending on Abeyance Contract End Date.
4. 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 # Days Suspension days of suspension and may return to school on Return Date from Suspension. The school agrees to hold # Days 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.
- I accept and agree to the terms and conditions stated above including the waiver of any subsequent appeals.
- I reject this offer.

### **Signatures**

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**Student Name**

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**Parent/Legal Guardian Name**

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**Administrator Name, District Administrator**

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Date Signed

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