

Tucson Unified School District

School Name

School Address

School Phone Number

ABEYANCE CONTRACT FOR A LONG-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

Manifestation 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 may include a long-term suspension (a suspension that is longer than ten (10) days).
3. The school administration intends to recommend that the student be suspended for # Days days, beginning on Suspension Start Date and ending on Abeyance 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 (1) the student's right to a hearing on the long-term suspension if that has not yet been held and (2) any subsequent appeal.**
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 copied and pasted 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 (1) the right to a long-term suspension hearing (if one has not already been held) and (2) any subsequent appeals.
- I reject this offer and request a long-term hearing be held instead.

Signatures

Student Name

Parent/Legal Guardian Name

Administrator Name, District Administrator

Date Signed

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