

## 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.

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- 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)