Scotland County Schools OSS Suspension Program Student Information

Number	of Days Suspended from _	/	/ to _	/
Student Name:		_ DC)B:/	_/ Grade:
Sex: Male Fema	le Race:		S.S#:	
Home school:			Int	ernet Permission Y N
Reason for Suspension *EC Category: NA	: 			
	current IEP and the Behavior Manageme			
List medications				
Other Medical Concer	ns:			
PARENT INFORMA	ΓΙΟΝ			
Parent(s)/Legal Guardia	an:			
Student resides with:				
Home Address:				
	Street/Apt. #	City	Zi	p Code
Home phone number:				
Work phone number:	Parent/Guardian Name/Number			/Guardian Name/Number
Emarganay contact				
Emergency contact: _	Name		Phone #	Relationship
-	Name		Phone #	Relationship
* OSS must have a student	e's EC information before serving that s	udent.		