## West Contra Costa Unified School District NOTICE OF PUPIL SUSPENSION

Student's Name				Special Education: Manifestation: Bilingual Svcs:	Yes	No
Name of Parent				D.O.B	_ Grade	
				Zip		
I regret to inform you that your son/	daughter has been s	uspended from school	ol for the following v	iolation(s):		
Date	Time		School			
Section 11007 of the Hea	alth and Safety Code		under the influence	of, any controlled subs	stance, as de	fined in
beverage, or intoxicant(e) Committed robbery or ex(f) Caused or attem	•	•	substance, or materia  2 Sexual Harassmen	l as a controlled substati	ance, alcoho	lic