



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

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 If Applicable)



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.

JK-R4-E2 – AbeYance Contract LT Suspension 3-24-09



- 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)

High School Abeyance Data 2014-15

ABEYANCE HS 14-15													
Male	Q1	Q2	Q3	Q4	Totals		Female	Q1	Q2	Q3	Q4	Totals	
AA	5	9	9	9	32		AA	1	4	3	3	11	
Latino	52	50	30	25	157		Latina	12	13	12	10	47	
Anglo	16	10	9	4	39		Anglo	10	5	3	2	20	
Native	2	1	2	3	8		Native	5	2	0	2	9	
Asian/PI	0	2	0	1	3		Asian/PI	0	0	0	0	0	
MU	6	0	1	3	10		MU	0	1	1	1	3	
Total	81	72	51	45	249		Total	28	25	19	18	90	
# reinstatements		3	2	1	0	6							
# days reinstated		31	15	20	0	66							
ABEYANCE MS/K-8 14-15													
Male	Q1	Q2	Q3	Q4	Totals		Female	1Q	Q2	Q3	Q4	Totals	
AA	5	11	11	8	35		AA	2	2	4	3	11	
Latino	35	44	37	54	170		Latina	17	19	20	19	75	
Anglo	8	14	10	10	42		Anglo	4	7	4	5	20	
Native	1	7	4	6	18		Native	2	3	2	1	8	
Asian/PI	1	0	0	0	1		Asian/PI	0	0	0	0	0	
MU	2	4	3	2	11		MU	2	0	1	1	4	
Total	52	80	65	80	277		Total	27	31	31	29	118	
# reinstatements		0	2	2	2	6							
# days reinstated		0	6	26	15	47							