



CLINT INDEPENDENT SCHOOL DISTRICT

Notification to Attendance Office of Out-of-School Suspension

Campus Name _____

Student Name _____ ID # _____

Date(s) of Suspension:	Period(s)	
_____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day: _____
_____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day: _____
_____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day: _____

Under no circumstances should you add/modify this form to include additional lines as it will place you out of compliance.

Total Days of Suspension* _____

*As stipulated in TEC §37.005, **under no circumstance may an OSS exceed (3) full or partial days.**

Administrator Signature _____ Date _____

Attendance Clerk Signature _____ Date _____

Date Absences Verified _____ by _____