

STUDENT DEVELOPMENT PLAN AGREEMENT FOR RETURNING TO SCHOOL (FOLLOWING SUSPENSION)

Student's Name:.....Date:.....

Period of suspension :.....to.....

Reason for suspension:.....

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In returning to school, I agree to abide by the expectations described in the NASC Code of Conduct, in particular:

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To assist me make the necessary changes to my behaviour, I will be supported by:

Who?	How?

This agreement will be reviewed on :.....by.....

Student's Signature :.....

Admin Signature:.....

Copies to:	<input type="checkbox"/> File	<input type="checkbox"/> Teachers	<input type="checkbox"/> Student
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