



Suspension Reduction Alternative/Application Form Family Counseling/Substance Awareness Education

I. Application Form:

Student Name: _____

Student Number: _____ SS#: _____

Father's Name: _____

Home Phone Number: _____ Work Phone Number: _____

Address: _____

Mother's Name: _____

Home Phone Number: _____ Work Phone Number: _____

Address: _____

II. Parent/Student Statement:

_____ has been suspended for ____ days for _____

_____. In order to reduce the number of days suspension from ____ to ____, we agree as a family (student, parents and other family members involved) to attend and participate in a minimum of four one-hour sessions of family counseling and substance awareness education. These sessions will be completed as an alternative to full-time suspension for the above-named students. *We understand that failure to attend and participate in these sessions will result in the suspension reverting to the original number of days.*

We are aware that it is the responsibility of the parent/guardian or student to contact the assigned counselor to schedule four sessions.

The parents will be contacted by their assigned counselor within 24 hours to schedule the sessions. Parents must have the counseling session scheduled before the student can return to school. Parents must notify the principal or designee regarding the dates of the sessions.

Parent Signature

Student Signature

III. To be completed by principal or designee:

Assigned Counselor

Assigned Counselor's Phone Number

Please check one:

School Board of Alachua County Counselor

CDS Family & Behavioral Health Services

Principal Signature

Date