



**Flagler County Schools Out-of-School Suspension "In Lieu"
Parent and Student Seminar**

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Name of Student: _____ Date: _____

You are eligible to attend an evening seminar to reduce your child's suspension. If you are interested, please contact **(School Representative Name)** within 24 hours to let us know you plan to use this option.

- Number of days currently assigned OSS _____
- Date student would return to school if you **DO NOT** attend _____
- Number of days you are eligible to remove _____
- NEW Date student would return to school if you **attend** seminar _____
- Date of seminar you must attend _____

**The seminar is from 6-7 PM at the Government Services Building in Bunnell.
Call 437-7526, x 3124 to verify the meeting room prior to the day of your session.**

Parent/Guardian Instructions:

1. If you **do not** wish to shorten the OSS, do nothing.
2. If you **do wish** to shorten the OSS, call the school representative listed below to enroll for seminar.
3. Return your child to school on the **NEW** date noted above.
4. Parent and student must attend the seminar on the date and time above. NO alternate dates allowed.

Seminar guidelines:

1. Parent/guardian and student must be **ON TIME** and stay for the whole session. **No one will be admitted late for any reason.** Please do not bring siblings or other children to the seminar. They cannot be admitted. It is just for the suspended student and the parent/guardian.
2. All participants must have a **positive attitude** and participate in discussion in order to earn successful completion. Anyone who displays a negative attitude or refuses to participate will be asked to leave.
3. The seminars are lead by David Bossardet, Coordinator of Student Supports and Behavior for Flagler County Schools.
4. David Bossardet will notify the schools of students who attended on the day after the seminar. **If your child does not attend, the days previously removed from the OSS will be reinstated.**
5. Reduction Guidelines: **3 Days to 1 Day, 1 Day to 0.**

Name of School Representative: _____

Phone Number: _____