

SAN MATEO UNION HIGH SCHOOL DISTRICT



DEPARTMENT OF STUDENT SERVICES

Kirk Black, Deputy Superintendent, Human Resources & Student Services

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650 N. Delaware St, San Mateo, CA 94401

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Alternative to Suspension

Your student has been referred to the **Alternative to Suspension** program per CA Ed. Code 48900.5

Location: District Office, Mustang Room, 650 N Delaware St, San Mateo, CA 94401
Day & Time: Thursday, 8:30am – 2:30pm - Doors will close at 8:30am and late students will not be allowed in. OR Saturday, 8:30am – 12:30pm - Doors will close at 8:30am and late students will not be allowed in.
Date: _____ <i>School lunch will be provided on Tuesdays. Feel free to bring your own if you would like to or have dietary restrictions.</i>
Coordinator: Jessamy Cadigan jcadigan@smuhd.org - Student Services Office (650) 558-2257

This program is designed to help your student turn their suspension into an opportunity for learning and growth. This day-long program will help your student:

- Increase their awareness of causes for suspension
- Improve their decision-making skills to avoid further suspensions.
- Identify supportive school staff to encourage a supportive reentry to campus.
- Create a plan (tutoring, after school program, mentor, counseling, etc.) to increase school attendance, decrease disciplinary incidents, and increase overall success in school.
- Drug/Alcohol/Substance abuse education/Intervention

The day will include scheduled activities giving students an opportunity to address the disciplinary incident that caused the suspension and reflect on their educational progress and engagement in school.

Behavior Expectations:

- Use of electronic devices is prohibited during program hours.
- Participation is required.
- Incident discussed during the program remain confidential.
- Treat others as you would like to be treated.

I give permission for my child to participate in the **Alternative to Suspension (ATS)** program conducted by the San Mateo Union High School District Staff. I understand that my child's confidentiality will be respected. However, certain information will be released under the following situations:

1. When there is evidence to suggest that child/elder abuse has occurred
2. When my child is a danger to him/herself (suicidal)
3. When my child is a danger to others (homicidal)
4. In the event of a valid medical emergency
5. Upon receipt of a court order

I authorize the exchange of information relating to my child's behavior and performance between the SMUHSD Wellness Coordinators and the corresponding school staff.

Administrator or Designee Name

Signature

Date

Student's Name

Student's Signature

Date

Parent/Guardian's Name

Parent/Guardian Signature

Date

Cc: Copy to school site administration, copy brought to ATS.

This form needs to be given to the School Dean, Assistant Principal, or brought to program on the day they are attending.