



MOBILE COUNTY PUBLIC SCHOOL SYSTEM

Homework/Make-up Verification

\_\_\_\_\_ SCHOOL \_\_\_\_\_

\_\_\_\_\_ through \_\_\_\_\_  
SUSPENSION DATES

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ STUDENT NAME (Please print) \_\_\_\_\_

STUDENT'S SCHEDULE

STUDENT'S SCHEDULE		
SUBJECT	ASSIGNMENT/RETURN DATE	Teacher's Signature
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SUBJECT	ASSIGNMENT/RETURN DATE	Teacher's Signature

\_\_\_\_\_ ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_ DATE \_\_\_\_\_

***I have been informed of the Suspension Appeal Rights and Procedures. I understand that it is my responsibility as the parent/guardian of the above named student to pick-up and return all assignments according to the due dates. It is my responsibility to communicate with the suspending administrator/designee when returning assignments and requesting additional assignments.***

\_\_\_\_\_ PARENT'S SIGNATURE

\_\_\_\_\_ DATE \_\_\_\_\_

- File a copy of the completed form in the student's cumulative folder
- Document all subsequent assignments on additional forms