

Student Name: _____

Student ID: _____ School/School Code: _____

Grade: _____

Discipline Information

Discipline Type/Removal Type: _____

Offense Type/Infraction Type: _____

Number of days: _____ Begin date: _____ End date: _____

Person Taking Discipline Action: _____

Parent Notification: _____

Notes: (Type notes below)

Other Information

Student Information Referral/Discipline ID: _____

Incident Number: _____

Return this form to Pam Pack or Debbie Berry

Phone Number: 397-7024

Building/Mail Stop: Central Office