

ST AUGUSTINE SCHOOL

STUDENT DISCIPLINE REFERRAL



GENERAL INFORMATION

Last Name:	First Name:	Date of Incident:	Date of Referral:
Grade:	Quarter:		
FIRST OFFENSE: <input type="checkbox"/>	SECOND OFFENSE: <input type="checkbox"/>	THIRD OFFENSE: <input type="checkbox"/>	FOURTH OFFENSE: <input type="checkbox"/>

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

<input type="checkbox"/> Violation of Classroom Rules	<input type="checkbox"/> Damage to School / Personal Property
<input type="checkbox"/> Disruption in: Classroom / Hallway / Restroom / Outside	<input type="checkbox"/> Plagiarizing
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Fighting
<input type="checkbox"/> Failure to do Homework / Take Notes / Bring Materials	<input type="checkbox"/> Weapons / Facsimile Weapons
<input type="checkbox"/> Dress Code Violation	<input type="checkbox"/> Other Infraction:
<input type="checkbox"/> Unacceptable Language	<input type="checkbox"/> Other Infraction:
<input type="checkbox"/> Misuse of Technology	<input type="checkbox"/> Other Infraction:
<input type="checkbox"/> Chronic Tardiness	<input type="checkbox"/> Other Infraction:

Description of Infraction:

PRIOR ACTION(S) TAKEN BY TEACHER

<input type="checkbox"/>	Previous Parental Notification(s) by Phone	Date/Time	Date/Time	Date/Time	<input type="checkbox"/>	Parental Notification on this Incident	Date/Time	Phone #	Name of Parent Contacted
<input type="checkbox"/>	Warning Issued: Date(s):				<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Loss of Recess: Date(s):				<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Lunch Detention: Date(s):				<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Conference with Parents: Date(s):								

ADMINISTRATIVE ACTION

<input type="checkbox"/>	Warning Issued : Date(s):	
<input type="checkbox"/>	Loss of Recess: Date(s):	
<input type="checkbox"/>	Lunch Detention	No. of Days: _____ Inclusive Dates: _____
<input type="checkbox"/>	After-School Detention	No. of Days: _____ Inclusive Dates: _____
<input type="checkbox"/>	In-School Suspension	No. of Days: _____ Inclusive Dates: _____
<input type="checkbox"/>	Out-of-School Suspension	No. of Days: _____ Inclusive Dates: _____
<input type="checkbox"/>	Compensation for Damages	Amt. of Payment: \$ _____ Payment Due Date: _____
<input type="checkbox"/>	Other Action (Explain): _____	

TEACHER SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

ADMINISTRATOR SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____