

1. Teachers submits all copies to office as soon as possible or with student.
2. All appropriate information should be included
3. Following administrative action, a copy of completed form will be returned.

STUDENT DISCIPLINE REFERRAL

Gadsden City Schools

School Name: _____

STUDENT'S NAME	
TEACHER	DATE
GRADE/SUBJECT	TIME

Offense/Location: _____

Previous Incidents Involving Student: _____

T	A	ACTION TAKEN (T - Teacher A - Administrator)	T	A	ACTION TAKEN
<input type="checkbox"/>	<input type="checkbox"/>	Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	Corporal Punishment (form attached)
<input type="checkbox"/>	<input type="checkbox"/>	Telephoned Parents	<input type="checkbox"/>	<input type="checkbox"/>	In-school Suspension
<input type="checkbox"/>	<input type="checkbox"/>	Referral Sent Home For Signature	<input type="checkbox"/>	<input type="checkbox"/>	Referral to Counselor
<input type="checkbox"/>	<input type="checkbox"/>	Parent Conference (Date held: _____)	<input type="checkbox"/>	<input type="checkbox"/>	Suspension
<input type="checkbox"/>	<input type="checkbox"/>	Work Assignment	<input type="checkbox"/>	<input type="checkbox"/>	Home referral-parent must bring student to school on _____ and meet with the principal or asst. principal.
<input type="checkbox"/>	<input type="checkbox"/>	School Bus Suspension			
<input type="checkbox"/>	<input type="checkbox"/>	Other (explanation attached)			
<input type="checkbox"/>	<input type="checkbox"/>	Referral to pupil Services Coordinator			

Comments: _____

School Personnel Signature _____

Parent's Signature _____