

DISCIPLINARY REFERRAL

Student Name		Wilcox Central High School 1310 T. L. Threadgill Rd P. O. Box 1089 Camden, Alabama Phone (334) 682-9239 Fax (334) 682-5411	Date of Incident	Time
Class / Grade	Date		Location:	
Subject:			Teacher:	

NOTICE TO PARENTS:

1. The purpose of this report is to inform you of a disciplinary incident involving the student.
2. You are urged to participate in the action taken by the teacher and to cooperate with the corrective action initiated today.

REASON FOR REFERRAL:

(Check the appropriate offense)

- | | |
|--|--|
| <input type="checkbox"/> Uniform Violation | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Cutting Class | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Excessive Talking | <input type="checkbox"/> Obscenity |
| <input type="checkbox"/> Weapons | <input type="checkbox"/> Rude and Disrespectful Behavior |
| <input type="checkbox"/> Fighting (Sent both students) | <input type="checkbox"/> Threatening |
| <input type="checkbox"/> Refuse to carry our instructions | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Class / School Disturbance | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Theft / Vandalism | <input type="checkbox"/> Leaving campus without permission |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Sexual Acts |
| <input type="checkbox"/> Participating in major student disorder | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> False information to school official | |

ACTION TAKEN PRIOR TO REFERRAL:

- | | | |
|---|--|---|
| <input type="checkbox"/> Checked student's folder | <input type="checkbox"/> Held conference with parent | <input type="checkbox"/> Contacted parent |
| <input type="checkbox"/> Held conference | <input type="checkbox"/> Consulted counselor | <input type="checkbox"/> Sent letter home to parent |

DESCRIPTION OF OFFENSE: _____

ACTION TAKEN BY ADMINISTRATOR:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Talked to student | <input type="checkbox"/> Suspension _____ days | <input type="checkbox"/> Called Parents | <input type="checkbox"/> Alternative Center _____ |
| <input type="checkbox"/> No action taken | <input type="checkbox"/> Discipline Assignment | <input type="checkbox"/> Others _____ | |

* Suspended students have a parent conference with an administrator prior to returning to school.

TEACHER RECOMMENDATION: _____

Comments : _____

Principal Signature : _____ Date _____