

BAY HEAD ELEMENTARY SCHOOL STUDENT INCIDENT REFERRAL

Student's Name _____	Home Room/Grade _____	
Date of Incident _____	Location of Incident _____	Teacher _____

Notice to Parents/Guardians:

1. This report is to inform you of an incident involving your child.
2. You are urged to discuss the action taken by the school and to cooperate with the corrective action initiated today.
3. **Please sign and return to the Front Office.**

Brief Explanation of Incident(s)

Action Previously Taken by TEACHER:

1. Contacted parents/guardians on _____
2. Administered the following consequences from the classroom discipline plan:

Action taken by Administrator

- | | |
|--|--|
| <input type="checkbox"/> After School Detention _____
<input type="checkbox"/> Referral to Guidance _____
<input type="checkbox"/> In-School Suspension: MON TUE WED THU FRI
<input type="checkbox"/> Out-of-School Suspension: MON TUE WED THU FRI
<input type="checkbox"/> Lunch/Recess Detention: _____ | <input type="checkbox"/> Excluded from Next School Activity _____
<input type="checkbox"/> Administrative Assignment _____
<input type="checkbox"/> HIB Referral _____
<input type="checkbox"/> Conference with Administrator _____
<input type="checkbox"/> Other _____ |
|--|--|

Bay Head Elementary School values the Six Pillars of Character: _____ did not consider the following character trait(s).
 ___ Trustworthiness ___ Respect ___ Responsibility ___ Fairness ___ Caring ___ Citizenship

Administrator X _____ Date _____

Parent/Guardian Signature X _____ Date _____

3 Part Form: White Copy- Parent/Guardian Copy Yellow Copy- Teacher Copy Pink Copy- Office Copy