

PULASKI COUNTY SPECIAL SCHOOL DISTRICT - STUDENT DISCIPLINARY REFERRAL FORM

Student: _____ Grade/Class: _____ Date/Time: _____

Gender: M F Race: B W H O Date/Time of Incident: _____

CLASS/SCHOOL VIOLATION(S):

Location of Incident: _____

Both of the following actions were taken, when applicable, prior to referral for class/school violations:

- 1) Parent Notification (phone, note, or in-person): _____ Date: _____
- 2) _____ Date: _____
Other (Be Specific)

HANDBOOK VIOLATION(S):

List the specific rule infraction by number from PCSSD Handbook for Student Conduct and Discipline.

PCSSD Rule Number(s): _____

Teacher Comments: *(Required)* _____

Teacher's Signature: _____

ADMINISTRATIVE ACTION(S):

The above named student has violated PCSSD Rule #(s): _____

Rule consequence(s): (Pursuant to PCSSD Handbook for Student Conduct and Discipline): _____

Administrator's Comments: *(Required)* _____

Administrator's Signature: _____ Date/Time: _____

A student excluded from class must have this Disciplinary Referral Form completed by an administrator before being re-admitted to class.

WHITE - SCHOOL

YELLOW - PARENT

PINK & GOLD - TEACHER

129020 *(Revised July 2010)*

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