



To complete this form electronically,  
it must be opened in Adobe Reader!

# Office Referral

Student Name  Date

Student ID#  Grade  Academic grade

Staff name  Class period

Information notice to parents: You are urged to discuss this referral with your child and contact the school if you have any questions or if we can be of any assistance.

### Reason for referral:

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Cheating/Plagiarism               | <input type="checkbox"/> Harassment/Intimidation/Bullying | <input type="checkbox"/> Theft   |
| <input type="checkbox"/> Civility                          | <input type="checkbox"/> Insubordination                  | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Continual lack of performance     | <input type="checkbox"/> Lewd conduct                     | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Disruption of educational process | <input type="checkbox"/> Safety violation                 | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Drugs/Alcohol                     | <input type="checkbox"/> Tech misuse                      | <input type="checkbox"/> Other   |

**Explanation:** (Exactly what happened or what was said)

### Background information:

What prior actions have you taken?

Prior to this referral I have:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Contacted with student | <input type="checkbox"/> Previously referred to office | <input type="checkbox"/> Referred to Counselor |
| <input type="checkbox"/> Contacted parent       | <input type="checkbox"/> No previous action            | <input type="checkbox"/> Other                 |

**For office use only**     Conference     Detention     Classroom Exclusion

Saturday school     Suspension

Parent contacted (method)     Released to parent

Copies: 1) File   2) Parent   3)Teacher