

# Johnson City High School - Student Discipline Referral Form

## INDIVIDUAL STUDENT REFERRAL

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Written By \_\_\_\_\_ Time and Location Incident Occurred \_\_\_\_\_

<p><b>Classroom/Hall Behavior</b></p> <input type="checkbox"/> Abusive Language <input type="checkbox"/> Disruption <input type="checkbox"/> Insubordination <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other	<p><b>Attendance Issues</b></p> <input type="checkbox"/> Class Cut <input type="checkbox"/> Late to Class <input type="checkbox"/> Excessive Tardies (3+) <input type="checkbox"/> Left School Grounds <input type="checkbox"/> Truancy (Partial Day) <input type="checkbox"/> Truancy (Whole Day) <input type="checkbox"/> Other	<p><b>School Issues</b></p> <input type="checkbox"/> Alcohol or Drugs <input type="checkbox"/> Dress Code <input type="checkbox"/> Smoking/Tobacco <input type="checkbox"/> Theft <input type="checkbox"/> Weapon <input type="checkbox"/> Vandalism <input type="checkbox"/> Other	<p><b>Student Altercations</b></p> <input type="checkbox"/> Fight (e.g., punching) <input type="checkbox"/> Harassment <input type="checkbox"/> Intimidation <input type="checkbox"/> Pushing/Shoving <input type="checkbox"/> Other
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**Comments/Narrative (What happened? How was this student involved?)**

**Student Statement (attach separate written document if applicable).**

Have you been informed of the violation of school rules? Yes \_\_\_ No \_\_\_ Student Signature: \_\_\_\_\_

Have you been given the opportunity to tell your version? Yes \_\_\_ No \_\_\_ \_\_\_\_\_

**ADMINISTRATIVE ACTIONS**

VADIR Category code \_\_\_\_\_ (if VADIR reportable incident, complete incident form)  
 If this incident involves more than one offender, remember to complete one VADIR form.

<input type="checkbox"/> <b>Student Conference</b> ____/____/____ <input type="checkbox"/> <b>Guidance Referral</b> "haaaaa haaaaa haaaaa" <input type="checkbox"/> <b>Parent Conference</b> ____/____/____ <input type="checkbox"/> <b>After School Detention</b> (Number of Dates _____) From ____/____/____ to ____/____/____ <input type="checkbox"/> <b>Stay with Teacher</b> (Number of Dates _____) From ____/____/____ to ____/____/____ <input type="checkbox"/> <b>Lunch Detention</b> (Number of Dates _____) From ____/____/____ to ____/____/____	<input type="checkbox"/> <b>Parent Notified</b> (name) _____ Phone # ____ - ____ Date: ____/____/____ Time ____:____ <input type="checkbox"/> <b>Extended Detention (2:25 p.m. -4 p.m.)</b> (Number of Dates _____) From ____/____/____ to ____/____/____ <input type="checkbox"/> <b>ISI</b> (Number of Dates _____) From ____/____/____ to ____/____/____ <input type="checkbox"/> <b>OSS</b> (Number of Dates _____) From ____/____/____ to ____/____/____
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Possible Consequences for next offense:

Dear Parent: If you have any questions, do not hesitate to call. (High School: 763-1256)	Respectfully yours, Mr. Guccia, Mr. Fauver, Mr. Alo
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