

SUSPENSION REFERRAL TO DISTRICT OFFICE

STUDENT INFORMATION	
Student Name: _____	Suspension Date: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander
School: _____	Grade: _____
Special Ed/IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	504: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name: _____	Phone: _____
Address: _____	

INCIDENT INFORMATION	
Policy Violated: _____	Incident gang related: <input type="checkbox"/> Yes <input type="checkbox"/> No
Police involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer Name: _____
Other juveniles involved: _____	
Witness: _____	Phone: _____
Address: _____	
Witness: _____	Phone: _____
Address: _____	
Victim/Complainant: _____	Phone: _____
Address: _____	

Please include the following items:

1. Suspension Document (detailed narrative report, interventions employed, administrative recommendation)
2. Formal Letter to parents outlining incident, policy violated and contact information.
3. Attach appropriate documentation as applicable. (Picture of weapon, witness statement(s), etc.)
4. Attach police reports, etc. (if applicable)
5. Attach prior contracts with student (if applicable)

Narrative Report
(Describe in detail - e.g., length of blade, name of drug, admission of guilt, etc.) Please attach additional page(s), if needed

Printed Name of Person Filing Referral

Signature

Date