

<b>DISCIPLINARY REFERRAL</b> HAYESVILLE HIGH SCHOOL 205 Yellow Jacket Drive Hayesville, NC 28904 Phone: (828) 389-6532	STUDENT'S NAME		RACE	SEX	GRADE	CLASS
	DATE OF INCIDENT	TIME	PERIOD	TEACHER		
NATURE OF PROBLEM: _____ _____						
ACTION TAKEN BY TEACHER BEFORE REFERRAL: <input type="checkbox"/> CONFERENCE WITH STUDENT <input type="checkbox"/> DETENTION BY TEACHER <input type="checkbox"/> CALL OR CONFERENCE WITH PARENT <input type="checkbox"/> CONFERENCE WITH GUIDANCE / PRINCIPAL <input type="checkbox"/> OTHER _____						
TO BE COMPLETED BY STUDENT: STATEMENT: _____						YES    NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						HAVE YOU BEEN INFORMED OF THE CHARGES? HAVE YOU BEEN GIVEN THE OPPORTUNITY TO TELL YOUR VERSION OF THE INCIDENT? STUDENT'S SIGNATURE: _____
PRESENT ACTION AND RECOMMENDATION(S): <input type="checkbox"/> CONFERENCE WITH STUDENT <input type="checkbox"/> DETENTION HALL <input type="checkbox"/> IN SCHOOL SUSPENSION <input type="checkbox"/> CONFERENCE WITH PARENTS <input type="checkbox"/> CORPORAL PUNISHMENT <input type="checkbox"/> OUT OF SCHOOL SUSPENSION <input type="checkbox"/> STUDENT TO MAKE UP TIME/WORK                      WITNESS _____ <input type="checkbox"/> PROBATION <input type="checkbox"/> OTHER: _____						
PRINCIPAL'S SIGNATURE: _____						

GREEN - PARENTS' COPY

CANARY - TEACHER'S COPY

TAG - OFFICE COPY