

**Middle / High Disciplinary Referral Form / Parental Notification
OFFICIAL DOCUMENTATION
Troup County School System**

Student _____ ID # _____ School _____ Grade _____

Incident Date ____ / ____ / ____ Referring / Homeroom Teacher _____ # _____

Brief Description of Behavior

Teacher Signature: _____ Date: _____

Previous Action Taken by Teacher:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Counselor Referral
Date: ____ / ____ / ____ | <input type="checkbox"/> Detention
Date: ____ / ____ / ____ | <input type="checkbox"/> Isolated Lunch
Date: ____ / ____ / ____ | <input type="checkbox"/> Parent Conference
Date: ____ / ____ / ____ |
| <input type="checkbox"/> Reprimand
Date: ____ / ____ / ____ | <input type="checkbox"/> SST Referral
Date: ____ / ____ / ____ | <input type="checkbox"/> Team Forum
Date: ____ / ____ / ____ | <input type="checkbox"/> Time Out
Date: ____ / ____ / ____ |
| <input type="checkbox"/> Other: _____ Date: ____ / ____ / ____ | | | |

<input type="checkbox"/> Parent Contact	
Type	Date
	____ / ____ / ____
	____ / ____ / ____
	____ / ____ / ____

Reason for Referral:

Teacher Referral	Infraction	Serious Infraction Code	Minor Infraction Code
<input type="checkbox"/>	Disruptive Behavior		43
<input type="checkbox"/>	Disrespectful	--	46
<input type="checkbox"/>	Electronic Devices / Cell Phones	--	51
<input type="checkbox"/>	Excessive Absences / Tardies	--	45
<input type="checkbox"/>	Fighting	08	48
<input type="checkbox"/>	Refusal to Cooperate / Defiant	--	31
<input type="checkbox"/>	Skippping / Truancy	--	76
<input type="checkbox"/>	Slapping / Hitting / Pushing	--	59
<input type="checkbox"/>	Use of Profanity	--	47
<input type="checkbox"/>	Other: _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Administrative Actions: (Check Codes)

State Reported	Non-Reported	Description
--	<input type="checkbox"/> 01	Administrative Counseling / Reprimand
<input type="checkbox"/> 20	--	In School Suspension # Days ____ Begin ____ / ____ / ____ Periods ____ Pending Tribunal <input type="checkbox"/>
<input type="checkbox"/> 30	--	Out of School Suspension # Days ____ Begin ____ / ____ / ____ Pending Tribunal <input type="checkbox"/>
--	<input type="checkbox"/> 24 <input type="checkbox"/> 13	Detention / Silent Lunch # Days ____ Begin ____ / ____ / ____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	OTHER:

Administrator Comments:

Parent / Guardian Contact / Conference:

- Contact:
- Referral mailed to _____ on ____ / ____ / ____ at this address: _____
- Phone call to _____ at # _____ on ____ / ____ / ____ Time: _____ Result: _____
- Student instructed to give a copy of this referral to parent or guardian. Student Initial: _____
- Conference:
- No conference required at this time.
- Parent is to call _____ at # _____ as soon as possible to set up a conference.
- A conference with the parent / guardian is scheduled for ____ / ____ / ____ at _____ in _____
Please call the administrator to reschedule this appointment if you are unable to attend at this time / date.

This notification is to inform you of disciplinary action taken with your child due to inappropriate conduct or lack of academic effort in the classroom. It is the request of the school that you speak to your child and assist with corrective actions taken by the school. If you have any questions, please call the school at your earliest convenience.

Signature of Student

Signature of Administrator

Date