

**SAANICH
SCHOOL DISTRICT**

**STUDENT SUSPENSION
Incident Form**

Pupil Name		Birthdate Y M D		
Current Grade	District Pupil Number	School		
Home Address Postal Code		School Phone Number		
Father/Guardian Email Address:		Home Phone Number Business Phone Number		
Mother/Guardian Email Address:		Home Phone Number Business Phone Number		
Specify the type of suspension <input type="checkbox"/> In-School <input type="checkbox"/> Out of school five or less days <i>Indicate period of suspension</i> <input type="checkbox"/> Partial Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days <input type="checkbox"/> Out of school more than 5 Days				
Date of student's infraction Y M D				
Indicate reason(s) for the suspension <i>(please check)</i> <input type="checkbox"/> 1 - Alcohol Related <input type="checkbox"/> 5 - Inappropriate Behavior <input type="checkbox"/> 9 - Smoking <input type="checkbox"/> 2 - Drug Related <input type="checkbox"/> 6 - Excessive Absenteeism <input type="checkbox"/> 10 - Other <input type="checkbox"/> 3 - Fighting <input type="checkbox"/> 7 - Property Damage _____ <input type="checkbox"/> 4 - Inappropriate Language <input type="checkbox"/> 8 - Theft				
School has contacted parents by: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Registered Letter				
Action(s) taken by school <input type="checkbox"/> Resolved by Admin. Officer/Student <input type="checkbox"/> Referred to District Psychologist <input type="checkbox"/> Referred to School Counsellor <input type="checkbox"/> Referred to District Student Review Committee <input type="checkbox"/> Meeting with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____ <input type="checkbox"/> Referred to Severe Behavior Teacher				
Administrative Officer's comments				
First Day that suspension takes effect Y M D				
Administrative Signature			Date Y M D	