

STUDENT CONTACT REPORT

School: _____ Date: _____ AM PM
Name: _____ DOB: _____ Grade: _____
Address: _____ Home Phone: _____ Work Phone: _____
Parents/Guardians Name: _____

Contact Initiated By: Student Admin. Guidance Instructor Security Other

Nature if Infraction: Fighting Apparent Theft Profanity Disrespect to Faculty Member
 Disrespect to Student Possession or Apparent Use of Drugs/Alcohol Cheating
 Smoking Truant from Class Violation of Probation Damage to School Property
 Class Disturbance Excessive Tardiness Disruptive Conduct Other
 Missed Detention Missed Office Detention Missed Saturday School

Specific Details of Infraction:

NOTE: STUDENTS UNDER SUSPENSION ARE NOT TO BE ON ANY S. M. DISTRICT CAMPUS AT ANY TIME.

Action Taken:

Excluded In-School Suspension Saturday School Short Term Suspension
 Inclusive Dates of Short term Suspension From _____ / _____ /20 _____ to
_____ / _____ /20

Parents/Guardians Notified on _____ / _____ /20 By Mail Phone
Personal Contact

Recommendations: Recommended Long Term Suspension Recommended Expulsion

Committee Hearing on: Recommended Long Term Suspension/Expulsion set for _____ / _____ /20 at _____
o'clock

Additional Information:

Administrative Signature

Distribution: Student File
Student
Parent/Guardian