

GENESEO HIGH SCHOOL
**Discipline Referral
and Report to Parent**

STUDENT'S NAME:
REFERRED BY:

DATE OF INFRACTION :
DATE OF CONFERENCE
WITH ADMINISTRATOR:

GRADE:

CLASS PERIOD:

TIME:

COMMENTS:

REASON FOR REFERRAL

*MORNING DETENTION IS HELD IN ROOM 23 FROM 7:25 TO 7:55AM—NO MORNING DETENTION WILL BE HELD ON THURSDAYS.
AFTER SCHOOL IS HELD IN ROOM 13 FROM 3:05 TO 3:35PM*

TEACHER'S ACTIONS TAKEN

_____ Held conference with student _____ Telephoned parent _____ Referred to counselor _____ Referral to social worker
_____ Changed student's seat _____ Sent note home to parent _____ Parent conference

ADMINISTRATOR'S ACTION

_____ After-school detentions Date(s):
_____ Short Saturday detention(s) Date(s):
_____ Long Saturday detention(s) Date(s):
_____ Days of out-of-school suspension Date(s):
_____ Days of in-school suspension Date(s):
_____ Peer mediation Other:
_____ Parent notified Spoke with
Left Message:

COMMENTS:
CLASSIFICATION
OF REFERRAL:

Student's Signature _____ Administrator's Signature _____

Copies to: Counselor
 Person referring
 Student's temporary file

_____ Principal
_____ Assistant Principal
_____ Associate Principal