

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

| | | | |
|------------------------|----------------------|------------------------------|--|
| STUDENT'S NAME: | | DATE OF INCIDENT: | |
| REFERRED BY: | | LOCATION OF INCIDENT: | |
| GRADE: | CLASS PERIOD: | TIME OF INCIDENT: | |

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
 Contacted parent
 Referred to counselor
 Changed student's seat
 Parent conference
 Referral to social worker

ADMINISTRATOR'S ACTION

| | | |
|---|----------------------|--|
| 30-Minute detentions | Date(s): | |
| Short Saturday detention(s) | Date(s): | |
| Social Probation | Date(s): | |
| Long Saturday detention(s) | Date(s): | |
| Social Probation | Date(s): | |
| Days of out-of-school suspension | Date(s): | |
| Social Probation | Date(s): | |
| Days of in-school suspension | Date(s): | |
| Social Probation | Date(s): | |
| Parent notified | Spoke with: | |
| | Left Message: | |

Student's Signature: _____

Administrator's Signature _____

Date of Conference with Administrator: _____