

**SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT
STUDENT DISCIPLINE REFERRAL FORM**

Student :	Stu #:	School: <input type="checkbox"/> DHS <input type="checkbox"/> ERHS <input type="checkbox"/> PVHS <input type="checkbox"/> SMHS
Staff:	Date:	Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Period: _____ Time: _____

Instructions:
 1. Fill out top portion of this form and complete the REASON FOR REFERRAL/ATTENDANCE and PREVIOUS ACTION BY TEACHER. Retain green copy.
 2. Send student with the referral to the Administration Building (If escort is needed, call campus emergency line).
 *If the teacher needs to add information to the referral after class, please see the Assistant Principal in charge of discipline after school or call with details. The yellow copy will be returned to the teacher when disposition has been determined.

INCIDENT		
REASON FOR REFERRAL	ATTENDANCE	PREVIOUS ACTION BY TEACHER
<input type="checkbox"/> Cheating <input type="checkbox"/> Defiance/Disrespectful /Disruptive <input type="checkbox"/> Dress Code <input type="checkbox"/> Electronic Device <input type="checkbox"/> Fight <input type="checkbox"/> Harassment or Intimidation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Obscene Act/Profanity <input type="checkbox"/> Possession/Use of drugs/Alcohol/Tobacco <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism/Graffiti <input type="checkbox"/> Verbal Altercation <input type="checkbox"/> Weapon	Tardies Date(s): _____ Truant Date(s): _____ No show Detention/ISI Date(s): _____ Other _____
		Conference w/student Date(s): _____ Counselor referral Date(s): _____ Detention assigned Date(s): _____ Parent conference Date(s): _____ Parent contact Date(s): _____ Previous referral Date(s): _____ Seat change Date(s): _____ Other Date(s): _____

SPECIFIC OBSERVABLE BEHAVIOR(S):

Staff Signature: _____ Please attach additional materials if needed

DISPOSITION OF REFERRAL

ARRIVAL TIME IN OFFICE: _____ <input type="checkbox"/> Contract signed: _____ <input type="checkbox"/> Counselor referral: _____ <input type="checkbox"/> Detention: Date/Time: _____ <input type="checkbox"/> ISI: Date/Time: _____ <input type="checkbox"/> Parent contact: _____ <input type="checkbox"/> Parent conference, Date/Time: _____	DEPARTURE TIME TO CLASS/ISI: _____ <input type="checkbox"/> SRO Referral: _____ <input type="checkbox"/> SST Referral: _____ <input type="checkbox"/> Suspension (off campus)Date: _____ <input type="checkbox"/> Other: _____
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Administrator's Remarks: _____

Administrator's Signature: _____ Date: _____ Time: _____