Reset Form

Submit to Office

Sweeny High School

Office Referral

Student Name:	**Grade:**	**Teacher/Class:**	**Period:**
	☐ 9th ☐ 10th ☐ 11th ☐ 12th		

Ethnicity:	**Sex:**	**Date:**	**Incident #(*office use only*):**
☐ White ☐ Black ☐ Hispanic ☐ Other	☐ Male ☐ Female		

Reason for Referral:

☐ Cheating/Forgery/Lying

☐ Destruction of Property

☐ Disruptions, Disrespectful Acts

☐ Dress Code Violation

☐ Horseplaying/Fighting

☐ Refusal to Follow Directions/Work

☐ Throwing Objects

☐ Possession of Tobacco

☐ Possession/Under Influence of Alcohol

☐ Possession/Under Influence of Drugs

☐ Possession of Weapon

☐ Possession of Paraphernalia/Contraband

☐ Profanity, Inappropriate Gesture

☐ Cell Phone/IPOD/MP3

☐ Truancy, Not in Assigned Area

☐ Rudeness

☐ Without Materials

☐ Stealing

☐ Other:

Description of Offense:

Action(s) by Teacher:

☐ Parent Contact on

☐ Prior Referral

☐ Warning

☐ In-Class Consequence

☐ Student Conference

☐ Parent Conference

Office Use Only

Action(s) by Administrator:

☐ Lunch Detention, Work Detail

☐ After-School Detention (ASD)

☐ Saturday Detention

☐ In-School Suspension (ISS)

☐ At-Home Suspension

☐ Fine

☐ Corporal Punishment

☐ Disciplinary Alternative Education Program (DAEP)

☐ Juvenile Justice Alternative Education Program (JJAEP)

Administrator_____Witness _____Date _____