

# MAPLE HEIGHTS HIGH SCHOOL DISCIPLINARY REFERRAL FORM

STUDENT \_\_\_\_\_ GRADE/COM \_\_\_\_\_ DATE \_\_\_\_\_

REFERRING STAFF \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

CHECK ONE VIOLATION BELOW

(SELECT THE PRIMARY VIOLATION IF MORE THAN ONE VIOLATION IS APPLICABLE)

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|--|--|---|
| <input type="checkbox"/> Abusive/Inappropriate/Profane Language  | <input type="checkbox"/> Forgery/Theft/Plagiarism                      |   |
| <input type="checkbox"/> Arson                                   | <input type="checkbox"/> Gang Affiliation                              | <input type="checkbox"/> Technology Violation               |
| <input type="checkbox"/> Bomb Treat/False Alarm                  | <input type="checkbox"/> Harassment                                    | <input type="checkbox"/> Assault                            |
| <input type="checkbox"/> Taunting/Instigation                    | <input type="checkbox"/> Inappropriate Location/<br>Out of Bounds Area | <input type="checkbox"/> Use/Possession of Alcohol          |
| <input type="checkbox"/> Defiance/Insubordination/Non-Compliance | <input type="checkbox"/> Cheating/Dishonesty                           | <input type="checkbox"/> Use/Possession of Combustibles     |
| <input type="checkbox"/> Disruption/Disorderly Conduct           | <input type="checkbox"/> Physical Aggression                           | <input type="checkbox"/> Use/Possession of Drugs            |
| <input type="checkbox"/> Dress Code Violation                    | <input type="checkbox"/> Property Damage/Vandalism                     | <input type="checkbox"/> Use/Possession of Weapons          |
| <input type="checkbox"/> Fighting                                | <input type="checkbox"/> Skip/Cut Class                                | <input type="checkbox"/> Other Behavior/Personal Misconduct |
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**DESCRIPTION OF MISBEHAVIOR/INCIDENT (BE SPECIFIC):**

**DESCRIPTION OF PAST SIMILAR BEHAVIOR AND HOW IT WAS ADDRESSED (BE SPECIFIC):**

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## ADMINISTRATIVE ACTION

Suspension:  IN  OUT No. of Days: \_\_\_\_\_ Date(s): \_\_\_\_\_

Other:

Date \_\_\_\_\_ Administrator's Signature \_\_\_\_\_