Reset Form

Submit to Office

Sweeny Junior High

Office Referral

Student Name:	**Grade:** ☐6th ☐7th ☐8th	**Teacher/Class:**	**Period:**
Ethnicity: ☐White ☐Black ☐Hispanic ☐Other	**Sex:** ☐Male ☐Female	**Date:**	**Incident #(*office use only*):**

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 _____