

# OFFICE REFERRAL FORM—Hermon High School

**STUDENT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**EFFORTS MADE BY TEACHER:** (Please check all that apply)

- Conference with student
- Parent notified/contacted
- Teacher discipline assigned
- Conference with parent
- Department head consultation
- Other:

**INFRACTION:** (Please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alcohol-furnishing     | <input type="checkbox"/> Inappropriate Physical Contact    | <input type="checkbox"/> Skipped Class            |
| <input type="checkbox"/> Alcohol Use/Possession | <input type="checkbox"/> Insubordination                   | <input type="checkbox"/> Skipped Friday Detention |
| <input type="checkbox"/> Bomb Threat            | <input type="checkbox"/> Leaving School Grounds            | <input type="checkbox"/> Technology Violation     |
| <input type="checkbox"/> Cheating/Plagiarism    | <input type="checkbox"/> Lewd Act                          | <input type="checkbox"/> Theft                    |
| <input type="checkbox"/> Disrespect             | <input type="checkbox"/> Lying                             | <input type="checkbox"/> Threat toward student    |
| <input type="checkbox"/> Disruption             | <input type="checkbox"/> School Property-misuse            | <input type="checkbox"/> Threat toward staff      |
| <input type="checkbox"/> Dress Code Violation   | <input type="checkbox"/> School Property-vandalism         | <input type="checkbox"/> Tobacco-furnishing       |
| <input type="checkbox"/> Drugs-furnishing       | <input type="checkbox"/> School Property-damaging/defacing | <input type="checkbox"/> Tobacco Use/Possession   |
| <input type="checkbox"/> Drug Use/Possession    | <input type="checkbox"/> Sexual Harassment                 | <input type="checkbox"/> Uncooperative            |
| <input type="checkbox"/> False Alarm            | <input type="checkbox"/> Skipped 1-hour detention          | <input type="checkbox"/> Vehicle Violation        |
| <input type="checkbox"/> Fighting               |  | <input type="checkbox"/> Weapons Possession       |
| <input type="checkbox"/> Harassment             |  | <input type="checkbox"/> Weapons Use              |
| <input type="checkbox"/> Inappropriate Language |  | <input type="checkbox"/> Other: _____             |

**TEACHER COMMENT:** (Use back of sheet if necessary)

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**ADMINISTRATIVE ACTION:**

- Administrative Detention Date \_\_\_\_\_
- Suspended FROM \_\_\_\_\_ TO \_\_\_\_\_
- Other

ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT CALLED \_\_\_\_\_  LETTER SENT \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_