

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: July 2, 2012

REVISED:

227-AR-0-FORM. CONTROLLED SUBSTANCES VIOLATION REFERRAL FORM

(Student Name)

(Home Telephone Number)

(Student Address)

Student Age: _____ Date of Birth: _____ Sex: _____

School: _____ Grade: _____

Board Policy Violation – Offense, Date, Time, Location: _____

Describe Substance Confiscated: _____

Substance Analyzed: _____

Substance Not Analyzed: _____

Actions Taken

____ Parent/Guardian Notified Date/Time _____

____ Parent/Guardian Conference Date/Time _____

____ Student Assistance Team Referral Date/Time _____

____ Law enforcement contacted Date/Time _____

____ Suspension _____ Number of Days _____ In-School _____ Out-of-School

____ Expulsion Term/Conditions _____

____ School Board Hearing Date/Recommendation _____

____ Other Specify _____

____ Superintendent Notified Date _____

Recommendations

____ Counseling _____ In-School _____ Out-of-School

____ Recommendation of Student Assistance Team

____ Referral to Outside Agency Name of Agency _____

____ Other Specify _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Principal Signature _____ Date _____