

Student Name _____ Grade _____

Parents: _____

Phone number where parents can be reached during school hours:

Mom's number _____ Dad's number _____

If my child reaches an office visit I would prefer my child: Please initial by your choice.

_____ be paddled and returned to class. _____ be placed in in-school suspension.

Does your child have any behavior disorders that have been diagnosed?

Does your child take medicine for these disorders? No Yes

Parent comments: _____

Parent Signature _____ Date _____

This form will be kept in the principal's office only.

Date	Reason for Office Visit	Punishment	Parent's notified by:	Incident #