

Excellence.Equity.Community. RecoverySchoolDistrict

NOTICE OF DISCIPLINARY ACTION (Form 474)

School: _____ Date of Recommendation: _____
Student Name: _____ DOB: _____ Age: _____
Sex: M _____ F _____ Grade: _____ Date of Infraction: _____
IEP: Y _____ N _____ 504: Y _____ N _____ Infraction Type: _____
Parent/Guardian: _____ Telephone: _____
Address _____

Dear Parent/Guardian:

The above named student has been recommended for the disciplinary action marked below:

_____ Suspension _____ Hearing Office Conference _____ Restorative Practices
_____ Expulsion Recommendation _____ Removal (SPED/504 Only)

Brief explanation for disciplinary action: _____

RE-ADMIT CONFERENCE (Suspension Only)

Date/Time: _____ Circle One: In-person / Telephone

Parent/Adult designee to attend conference: _____

Note: All adult designees must be 21-years-old with proper ID.

Principal/Designee Signature

Date

Parent/Guardian Signature

Date

For School Administrative Use Only

Number of O.S.S. (including this suspension): _____ Total days of O.S.S.: _____ Number of I.S.S.: _____

Date of parental contact: _____ Date Form 474 was mailed if unable to reach parent: _____

Parent received a copy of Form #474 and Process for Appeal. Yes _____ No _____

Student was advised of infraction and basis for action. Yes _____ No _____

Student was given an opportunity to explain his/her version. Yes _____ No _____

Student received a copy of Form #474 Yes _____ No _____

Police Item Number: _____ School Security Report Included: Yes _____ No _____

Manifestation Determination Decision: Related _____ Not Related (Please explain below) _____