

Athens Renaissance School

STUDENT BULLYING ACTION FORM

GENERAL INFORMATION

Last Name: _____ First: _____ Grade: _____ Time of Incident: _____
 Date of Incident: _____ Date of Referral: _____
 Reported by: _____ Title of Reporter: _____ Location of Infraction: _____

BULLYING REFERRAL ACTION

Bullying: _____ Other Infraction: (Explain) _____

Description of Infraction:

ACTION(S) TAKEN BY TEACHER

****NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.**

Parent Notification by phone: Date(s) _____ Parent Notification by Letter: Date(s) _____

<input type="checkbox"/> Previous Parental Notification(s) by Phone	Date/Time _____	Date/Time _____	Date/Time _____	<input type="checkbox"/> Parental Notification on this Incident	Date/Time _____	Phone# _____	Name of Parent Contacted _____
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Verbal Warning: Date(s) _____ Conference with Student: Date(s): _____

Silent Lunch: Date(s) _____ In-Class Displacement: Date(s): _____

Conference with Parents: Date(s) _____ After-School Detention: Date(s): _____

Other Action(s): _____

ADMINISTRATIVE ACTION

Consultation with Student in Office _____ Code of Conduct (C.O.C.) Information Given: Yes No

Warning Issued for Offense _____ Method: Verbal Written

Parent Notification Method Phone Phone #: _____ Copy of Referral Letter