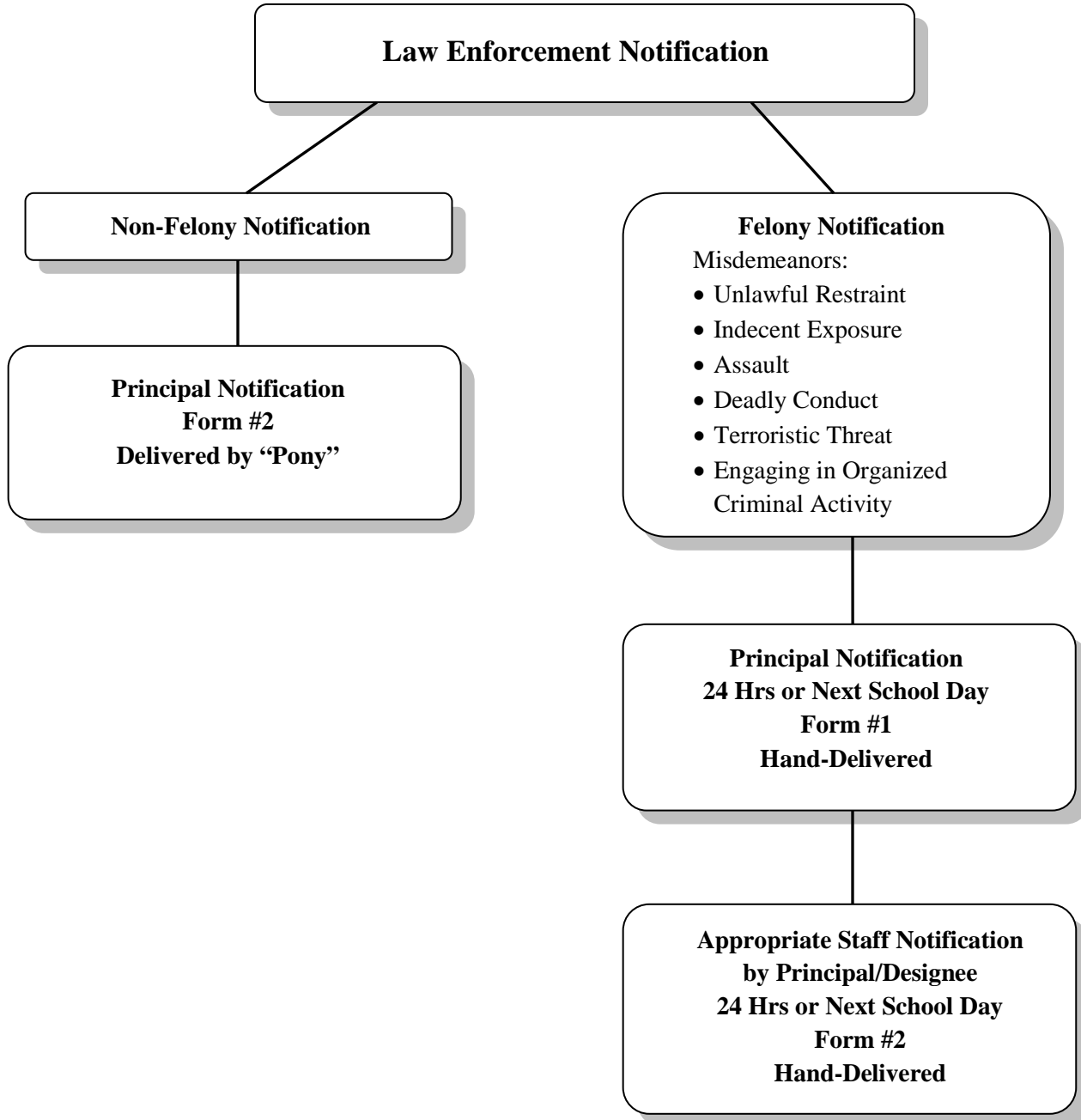


Student Felony Notification Flow Chart





1200 Sidney Baker
Kerrville, TX 78028

Tel: (830) 257- 2232
Fax: (830) 792-5020

Memorandum

To:

From: Steve Schwarz, Senior Director of Alternative Education

Date:

Re: Student Community Arrest/Detention Notice

Student Name:

Date of Birth:

Offense Date:

Law Enforcement Agency:

Offense Charged:

Offense grade:

Location of Offense:

Assaultive Behavior:

Weapons used in commission of offense:

Weapons possessed during commission of offense:

Action Required:

My signature below confirms notification of the above named student from the KISD Superintendent or Superintendent designee.

I as Principal or Principal designee understand that the above information is **confidential**. In addition, I understand that I am required by HB 1907 to notify all instructional and support personnel who have supervisory responsibility of this student. I understand that this notification must be made immediately of my receipt of this memo.

Principal Name

Signature

Date

Time

Notes:

FORM # 1



1200 Sidney Baker
Kerrville, TX 78028

Tel: (830) 257- 2232
Fax: (830) 792-5020

Memorandum

To:

From: Steve Schwarz, Senior Director of Alternative Education

Date:

Re: Student Community Arrest/Detention Notice

Action Required:

Please review the following information. The information is shared with school administrators as an informative measure. Administrators need not respond or take any action.

Please review the following information and pursue necessary discipline action.

The following information is required by HB 1907 to be shared with all teachers of this student. Please share the information immediately with each teacher and record their signatures below.

I as a teacher of this student understand that the below information is **confidential**. I have reviewed the information and acknowledge with my signature that I have been informed.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date

Student Last Name:

Student First Name:

Date of Birth:

Law Enforcement Agency:

Offense Charged:

Offense Grade:

Date of Offense:

Location of Offense:

Assaultive Behavior:

Weapons used in commission of offense:

Weapons possessed during commission of offense:

Notes:

Please Note: These documents are to be kept in a secured location and are to be shredded at the end of every academic year.