



DISCIPLINE REPORT TO PARENTS/STUDENTS

Student's Name: ID#: School: Grade:

Parent's Name: Phone(W): Phone(H/C):

Address: DOB:

Date of incident: Time: Date of Referral:

Referred by: Period: Suspension#: ECP 504

Act Types (Place an X before the infraction)

INFRACTIONS

	Description of Offense	RC*
<input type="checkbox"/>	Assault resulting in a serious injury	01
<input type="checkbox"/>	Assault involving the use of a weapon	02
<input type="checkbox"/>	Assault on school personnel not resulting in a serious injury	03
<input type="checkbox"/>	Bomb threat	04
<input type="checkbox"/>	Burning of a school building (G.S. 14-60)	05
<input type="checkbox"/>	Homicide	06
<input type="checkbox"/>	Kidnapping	07
<input type="checkbox"/>	Alcohol Possession/Use (G.S. 18B)	08
<input type="checkbox"/>	Possession of controlled substance in violation of law	09
<input type="checkbox"/>	Sale of controlled substance in violation of law	09
<input type="checkbox"/>	Possession of another person's prescription drugs	09
<input type="checkbox"/>	Distribution of a prescription drug	09
<input type="checkbox"/>	Possession of firearm or powerful explosive	10
<input type="checkbox"/>	Possession of a weapon (excluding firearms and powerful explosives)	11
<input type="checkbox"/>	Rape	12
<input type="checkbox"/>	Robbery with a dangerous weapon	13
<input type="checkbox"/>	Sexual assault not involving rape or sexual offense	15
<input type="checkbox"/>	Sexual offense	16
<input type="checkbox"/>	Taking indecent liberties with a minor	17

	Description of Offense	RC*
<input type="checkbox"/>	Assault/Fighting (4331)	
<input type="checkbox"/>	Harassment (4331)	
<input type="checkbox"/>	Dress code violation (4316)	
<input type="checkbox"/>	Inappropriate language (4315)	
<input type="checkbox"/>	Insubordination (4315)	
<input type="checkbox"/>	Theft/Trespass (4330)	
<input type="checkbox"/>	Bus misbehavior	
<input type="checkbox"/>	Property damage (4330)	
<input type="checkbox"/>	Inappropriate items on school property (4333)	
<input type="checkbox"/>	Disruptive/disrespectful behavior (4315)	
<input type="checkbox"/>	Bullying (4331)	
<input type="checkbox"/>	Excessive tardies (4400)	
<input type="checkbox"/>	Cell phone violation (4318)	
<input type="checkbox"/>	Skipping class (4400)	
<input type="checkbox"/>	Possession of a student's prescription drug (4325)	
<input type="checkbox"/>	Possession/Use of tobacco (4320)	
<input type="checkbox"/>	Cheating/Plagiarizing (4310)	
<input type="checkbox"/>	Gang related activity (4328)	
<input type="checkbox"/>	Inappropriate physical contact (4315)	

Comments:

Consequence

<input type="checkbox"/> Detention Date: <input type="text"/> Time: <input type="text"/> <input type="checkbox"/> Return to school, parent conference on <input type="text"/> at <input type="text"/> <input type="checkbox"/> Assigned to in-school suspension: <input type="text"/> days <input type="text"/> Date(s) <input type="checkbox"/> Suspended out of school for <input type="text"/> days, effective <input type="text"/> return <input type="text"/> <input type="checkbox"/> Shaw Academy option - contact principal at (910) 276-0611 <input type="checkbox"/> Parent refusal <input type="checkbox"/> Suspended off school bus for <input type="text"/> days, effective <input type="text"/> returning riding on <input type="text"/> <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Law enforcement/SRO notified <input type="text"/> <input type="checkbox"/> Parent signature (required) <input type="text"/>	Parent Contact Documentation Name of Contact: <input type="text"/> Date/Time: <input type="text"/> Method: <input type="text"/>
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You are aware of the actions taken above and that you have been (1) informed of the rules as stated in the Code of Conduct and/or in the school handbook, (2) told of the rule(s) violated, and (3) given the opportunity to present your version of the facts.

Signature of Student

Date

Signature of School Official

Date