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**COWICHAN VALLEY SCHOOL DISTRICT**

**Suspension Incident Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s Surname** | | | **Student’s First Name** | | | **Indigenous (Y/N)** | | | **Special Services Designation** | | **Birth Date YYYY/MM/DD** |
| **Address**  *(Street # & Name),* *(City), BC* *(Postal Code)* | | | | | | | | | **Phone No.** | | |
| **Name of Parent/Guardian** | | | | | | | | | | | |
| **School Name** | | | | | | | | | | | **Current Grade** |
| **Specify Type of Suspension:**  In School  Out of School  Indefinite  Part Day  **Indicate Length of Suspension:**  0.5-1 Day  1.5 Days  2 Days  3 Days  4 Days  5 Days  **Referred to District Office (see below):** | | | | | | | | | | | |
| **Date of Student’s Infraction:** **YYYY/MM/DD** | | | | | **1st Day Suspension Takes Effect: YYYY/MM/DD** | | | | | | |
| **Indicate Reasons(s) for Suspension:** | | | | | | | | | | | |
| Illicit substance-related:    Intruder | | Bullying/Harassment/Intimidation  Other Violent Behaviours/Safety  Weapon(s) | | | | | Disruptive, disrespectful and non-compliant behavior  Attendance and non-participation behaviours  Inappropriate Behaviour | | | | |
| **School has contacted parent/guardian by:**  Phone  Email  Registered Letter  In Person  Letter | | | | | | | | | | | |
| **Action(s) Taken by School:**  Resolved by Admin. Officer/Student  Referred to School Counsellor  Referred to Hospital/Homebound Service/Educational Package  Referred to School-Based Team | | | | | | | Referred to Assistant Superintendent  Referred to District Board Suspension Committee  Referred to &/or meeting with RCMP  Referred to Outside Agency - | | | | |
| Other: | | | | | | | | | | | |
| Meeting with:  Father  Mother  Parents  Grandparent(s)  Guardian  Other: | | | | | | | | | | | |
| **Comments/Recommendations of Principal/Vice-Principal:** | | | | | | | | | | | |
| Administrative Officer Signature | | | | YYYY/MM/DD | | |  | | | Do Not Write in This Space – Office Use Only | |
|  |  | | |  | | | |  | |  | |
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**SEND ALL FORMS TO: School Board Office - Education Department** [**educatsec@sd79.bc.ca**](mailto:educatsec@sd79.bc.ca)