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**COWICHAN VALLEY SCHOOL DISTRICT**

**Suspension Incident Form**

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| **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**