

Oglethorpe Charter School
Office Referral Detention Notice and/or Suspension Referral
707 Stiles Avenue, Savannah, Georgia 31415
Phone Number: (912) 201-5075 Fax Number: (912) 201 – 5077

First Name: _____ **Last Name:** _____ **Grade:** _____ **Semester:** 1 or 2
Date: _____ **Current Level/Step** _____ **Next Level/Step** _____

Reason for the Office Referral:

- | | |
|---|---|
| <input type="checkbox"/> Student failed to report to Friday ICU | <input type="checkbox"/> Repeated Level 5 Violations |
| <input type="checkbox"/> Student failed to complete silent lunch detention | <input type="checkbox"/> Repeated Code of Conduct Violations |
| <input type="checkbox"/> Student failed to complete Action Plan for Level 2 | <input type="checkbox"/> Student violated dress code 10 times or more in a semester (e.g., wrong shirt color, wrong pant color, without belt or scarf in looped pants/skirt; improper length, shirt not tucked in, without ID |
| <input type="checkbox"/> Student failed to attend Level 3 and Level 4 ORD | <input type="checkbox"/> Student was tardy to class 10 times or more in a semester. (e.g., from breakfast, lunch, unstructured free time, upon morning arrival, without student agenda and/or signature from teacher/substitute/staff member) |
| <input type="checkbox"/> Student violated dress code 5 times in a semester | <input type="checkbox"/> No Show for AP Bus Referral Detentions |
| <input type="checkbox"/> Student failed to report to Teacher Detention | <input type="checkbox"/> Repeated Bus Infractions/Write Ups |
| <input type="checkbox"/> Student failed to report to Team Detention | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Student failed to report to AP Detention | |
| <input type="checkbox"/> Student did not follow assembly rules/procedures | |
| <input type="checkbox"/> Repeated Level 2 Violations | |
| <input type="checkbox"/> Repeated Level 3 Violations During Team Detentions | |
| <input type="checkbox"/> No Show for Level 4 Violations | |
| <input type="checkbox"/> Failure to Obtain Parent Signature (Agenda Book) | |
| <input type="checkbox"/> Chronic Tardies to School (5 or more) | |

Briefly describe in detail what happened and state what his or her next sequenced discipline step will be:

Previous Action Taken By Teacher and/or Team:

- Level 1** Lunch Detention # of Days: 1 2 3
- Level 2** After school detention (with assigning teacher)
- Level 3** After school detention – Discipline team leader contacts Parent and begins SST process with grade level team
- Level 4** Office Referral Detention – AP Parent Contact (student prohibited from participating in activities 4 weeks)
- Level 5** Office Referral Detention – AP PC with Team/AP(student prohibited from participating in activities 9 weeks)
- Other:** _____

Action Being Taken By The Administrator:

- Reassigned Friday (No Club/ No Dress Down)
- Rescheduled teacher/ team detention (Level 2)
- Reassigned after school detention with AP (Wed. – 2:30 p.m. – 3:20 p.m.)
- Student completes virtue of the month project, work detail and or other assigned tasks while serving Level 5
- Administrator meets with student and student completes a behavior contract (Level 4 through Level 7)
- Assigned the following consequence: Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Level 7**
- AP meets with grade level discipline team and or principal to address student discipline folder and database entries.

Information may be forwarded to the Governing Board for review.

- Administration request permanent removal of student from OCS to the Governing Board**
- Other:** _____

Referral Written By: _____ **Time of Referral:** _____ **Date:** _____
Student Signature: _____ **Discipline Team Leader Initial:** _____
Parent Phone Number: _____ **Parent Signature:** _____
Administrator Signature: _____ **Date:** _____

<small>For Office Use Only - Suspension Information</small> <small>Kolman 2006</small>
Start Date: _____
End Date: _____
Return Date: _____