

Student Removal Form

Salzman High School

Name: _____ Date: ____/____/____ Time: _____

Teacher: _____ Room #: _____

Circle One	
<p>All 5 levels issued to student</p> <p>Mischievous</p> <p>Administrative Escort Optional</p>	<p>Severe</p> <p>Administrative Escort Required</p>
Brief Reason for Removal:	

*Phone Call home to be made within 24 hours (48 hours if translator required).

DISTRICT REFERRAL MUST BE SUBMITTED BY THE END OF THE SCHOOL DAY

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