Tardy Referral Form

Salzman High School

Name: _____ Student: _____

Teacher: _____ Room #: _____ Date: _____/_____/_____

Please check the appropriate box	
	5 Tardies – Lunch Detention
	10 Tardies – After School Detention (ASD)
	15 Tardies – Lunch Detention & ASD
	20 Tardies – Saturday School
	25 Tardies – Administrative Options
	Further Increments of five (5) – Refer to Administrator **# of Tardies = _____**

***Phone Calls home must be made at Tardy #4, #9, #14, etc. in increments of 5**