DISCIPLINE REFERRAL FORM

Spartanburg Christian Academy

Student:	Grade:Date:
Describe offense:	
The following corrective measures have alrea	
Prayer	Report to parents
Loss of recess	Parent/teacher conference
Change of seating	Counseling with Headmaster/Principal
Counseling with teacher	
Other	
Classification (circle one): Minor	Intermediate Major
Action Taken:	
Teacher Signature:	Date:
Headmaster/Principal Signature:	
Parent Signature:	Date:

Please feel free to use the back of this form to write any comments you may have.