

FREETOWN ELEMENTARY SCHOOL

DISCIPLINARY ACTION FORM

Date \_\_\_\_\_

Name of pupil \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Name of teacher sending pupil \_\_\_\_\_ Time \_\_\_\_\_

Reason for being sent to office \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Teacher \_\_\_\_\_

Child's reaction to the situation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Administrator \_\_\_\_\_