

SAFE RELOCATION OF STUDENTS

This form is to be completed when it is necessary to relocate a student for the student's safety or for the safety of others.

STUDENT INFORMATION

Name _____ Age _____ Date _____

School _____ Grade Level _____

Parents/Guardian _____

REASON FOR RELOCATION OF STUDENT: _____ student's safety _____ safety of others

Student was relocated to _____

Zero Tolerance Offense _____ yes _____ no

PERSONNEL INVOLVED IN RELOCATION

Name _____ Name _____

Signature _____ Signature _____

Job Title _____ Job Title _____

Incident involved law enforcement _____ yes _____ no If yes, who? _____

PRINCIPAL/DESIGNEE NOTIFIED ON DATE OF INCIDENT

Name of Principal (or designee) Notified _____ Date _____

PARENT NOTIFICATION OF STUDENT RELOCATION (copy to teacher)

Person Notified _____ When? _____

Method of Notification _____ telephone _____ letter _____ e-mail _____ conference

Other _____

Notified by _____

Signature

Job Title