



Discipline/Attendance Record

Student Name: _____ Year in school: _____

School Transferring from: _____

Parent/Guardian signature: _____ Date: _____

Student signature: _____ Date: _____

Dates of Attendance	From:	To:
	Total # of days absent:	Total # of dates tardy:

To the best of your knowledge, has this student ever been involved in any of the following incidents? If the answer is "yes," please indicate the number of times the student was involved.

- | | | | |
|--|----|-----|------------------|
| 1. Truancy from class (cutting) | NO | YES | # OF TIMES _____ |
| 2. Truancy from school | NO | YES | # OF TIMES _____ |
| 3. Fighting | NO | YES | # OF TIMES _____ |
| 4. Theft | NO | YES | # OF TIMES _____ |
| 5. Possession/use of weapons | NO | YES | # OF TIMES _____ |
| 6. Possession of alcohol or other drugs | NO | YES | # OF TIMES _____ |
| 7. Selling of drugs or drug paraphernalia | NO | YES | # OF TIMES _____ |
| 8. Disrespect to teachers or other persons in authority | NO | YES | # OF TIMES _____ |
| 9. Disorderly conduct | NO | YES | # OF TIMES _____ |
| 10. Has this student ever been suspended? | NO | YES | # OF TIMES _____ |
| 11. Has this student been expelled? | NO | YES | |
| 12. Would you allow this student to return to your school? | NO | YES | |
| 13. Abuse of electronic or social media? | NO | YES | |

Please give details or explain above statements: _____

TITLE OF PERSON COMPLETING THIS FORM: _____

SIGNATURE: _____

PHONE NUMBER: _____

School Seal Required Here:

Please return this form to Holy Trinity HS at the address below, Attn: Admissions
 1443 West Division Street, Chicago, IL 60642 P|773.278.4212 F |773.278.0144 www.holytrinity-hs.org