

South Bend Community School Corporation

PRIMARY AFTER SCHOOL DETENTION FORM

Student _____ I.D. Number _____ Grade _____ Date _____

Homeroom Teacher _____ Referring Person _____

Birth Date _____ Age _____ Male _____ Female _____

(Circle Ethnic Code) 1 2 3 4 5 6

Description of Offense/Reason for Detention _____

After School Detention is expected to be served on _____

from 2:30 PM until _____ PM

* * * * *

Parent Signature _____

Parent Comments _____

This form must be returned to the school with your child on the next school day.

Note: If a second after school detention form is received by your child, then a parent teacher conference is required. The homeroom teacher will be contacting you immediately to schedule such a conference.

Copies: Referring Person, Parent, Detention Monitor, & Homeroom Teacher.