



MISCONDUCT REPORT



Chicago Public Schools
Bureau of Safety and Security

SCHOOL: Thomas Kelly High School

STUDENT/OFFENDER NAME: _____
Last First

SCHOOL ID: 609715

Student/Offender ID: _____

Severity Group No: _____ Incident Date: _____

Misconduct # _____

Incident Report # _____

Narrative (Offender's only)

ACCIDENT REPORT COMPLETED: Yes No

GANG RELATED: Yes No

DISCIPLINARY ACTION TAKEN:

- Teacher/Student Conference
- Teacher/Student/Parent Conference
- Teacher/Student/Parent/Res/Adm. Conference

In-school Suspension _____ Day(s)

Suspension _____ Day(s)

NOTE: NUMBER OF DAYS MUST BE STATED

- Detention
- Disciplinary Reassignment
- Police Notification
- Arrest: P.D. RD. # _____
- Expulsion Referral

APPROVED BY: H. Moss / M. Campbell

DEAR PARENT OR GUARDIAN:

NAME: _____

ADDRESS: _____ DATE: _____

In accordance with the provisions of the Rules of the Board of Education as authorized by the Illinois School code _____ a student in this school residing at: _____

Age: _____ Grade: _____ Room/Division: _____ has been suspended from school this day for a period of _____ school days until the opening of school on _____. The cause of this action is listed above. You are invited to attend a conference conference regarding this suspension. Please call me at _____ to discuss this matter.

Area where misconduct occurred: N/A
(Check one) Classroom Halls Bus Washroom
 Out-of-School Other _____

Hearing/Conference Date: _____

Participants: _____

Report completed by: _____

Suspension Homework Assigned by: _____

Sincerely,

Algird Pretkelis

Principal

(773) 535-4900

Telephone Number

SPECIAL EDUCATION STUDENTS ONLY: _____ total days suspended this year prior to current misconduct.

THE AREA INSTRUCTIONAL OFFICER OF AREA NUMBER, 25 WHOSE OFFICE IS LOCATED AT: _____

HAS BEEN NOTIFIED OF THIS SUSPENSION

PARENT NOTIFIED _____ (DATE)