

**STUDENT SERVICES CENTER
TROUP COUNTY SCHOOL SYSTEM
STUDENT DISCIPLINARY TRIBUNAL REFERRAL**

SCHOOL NAME _____

ADMINISTRATOR BRINGING CHARGES _____

STUDENT'S FULL NAME _____

STUDENT ID # _____ GRADE _____ SEX/ETHNIC ORIGIN _____

AGE _____ DATE OF BIRTH _____

ADDRESS (please verify with student) _____

PHONE NUMBER (please verify with student) _____

PARENT/GUARDIAN NAME _____

HAS STUDENT BEEN TO SCHOOL COUNSELOR? YES or NO

REGULAR ED _____ IDEA _____ 504 _____ SST _____

DATE OF MANIFESTATION DETERMINATION MEETING (if applicable) _____

OFFENSE(S) _____

DATE OF OFFENSE _____ TIME OF OFFENSE _____

HAVE POLICE/SHERIFF'S OFFICE BEEN NOTIFIED? _____ WHEN _____

PLACEMENT: ISS OR OSS DATE OF PLACEMENT _____

NAME(S) OF OTHER STUDENT(S) BEING CHARGED:

_____ Regular Ed. ___ Special Ed. ___ 504 ___ SST ___

_____ Regular Ed. ___ Special Ed. ___ 504 ___ SST ___

_____ Regular Ed. ___ Special Ed. ___ 504 ___ SST ___

***** *FOR STUDENT SERVICES USE ONLY* *****

DATE OF HEARING _____

TIME OF HEARING _____

CASE NUMBER _____

DELIVER CHARGE LETTER ON OR BEFORE _____