Athletic/Activities Disciplinary Report

Name of Student:		
Date of Incident: Type of Incident: (put a checkmark) Disruptive Disrespect		
Other		
Brief summary (optional):		
Name of Teacher:		
Would you like to have a conference with student, coach, and athletic director?	Yes	No
Athletic/Activities Disciplinary Report		
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Date of Incident:		
Type of Incident: (put a checkmark)		
Disruptive		
Disrespect		
Other		
Brief summary (optional):		
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