

DETENTION SLIP

Student Name: _____

Assigned by: _____

ID Number: _____

Incident Date: _____

Detention Date/Time: _____

Notes: _____

Days of Detention: _____

Reason for detention:

☐ Cutting Class

☐ Offensive behavior

☐ Leaving school property
without permission

☐ Breaking school rules

☐ Fighting

☐ Disturbance in class

☐ Cheating/stealing/.lying

☐ Cafeteria behavior

☐ Defiance of authority

☐ Foul/Inappropriate language

☐ Other: _____

I understand that I have been assigned a mandatory detention on the date(s) above.

Student Signature

Date

Staff Signature

Date

OFFICE USE ONLY

Parent Contact Made: ☐ Yes ☐ No

Was Detention Served? ☐ Yes ☐ No

Contact Made When: _____

Date(s) Served? _____

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