St Mary's Parish Primary School School Community Safety Order Review Form





This form is to be completed by the subject of a School Community Safety Order (order) and/or relevant persons assisting the subject who wish to have a decision regarding an order reviewed.

This form must be received by the designated reviewer as soon as practicable after an order is issued.

It is important that you keep a copy of this form for your records.

School Informatio	n			
School name:				
Principal:				
Authorised persor	1			
Student Informati	on			
Name:				
Date of birth:				
Gender:				
Year level:				
Subject Informati	on			
Name:				
Address:				
Phone:		Email:		
Support needs:	Do you require any specific assistance to participate in a meeting?			
Carer's/relevant p	erson's Information			
Name:				
Date of birth:				
Phone:		Email:		
		-		

Incident Information					
Please provide brief details of the circumstances leading to the issuing of the order by the authorised person:					

Reason/s for Review		
There have not been suffi	cient interventions/strategies utilised prior to the decision to issue	the order.
		Yes/No
The grounds on which the	e order was issued are unfair.	
0 11 11 1		Yes/No
Other extenuating circum	stances	
other exteriorating on our	otanices.	Yes/No
		,
Subject's signature:		
Carer's / relevant persons	' signature:	
Date:		
Dutc		
Responsible director	Director of Learning and Regional Services	
Policy owner	General Manager, Legal and Professional Standards	
Approving authority	Director, Learning and Regional Services	
Approval date	14 September 2022	
Date of next review	September 2024	