



CYCLONE DETENTION FORM

(YOU DO NOT NEED TO WRITE A REFERRAL TO ASSIGN DETENTION)

Today's Date: _____ Date of Assigned Detention or Counselor Group: * _____

Student Name: _____ Student Number: _____

REASON FOR ASSIGNMENT OF THIS DETENTION:

Name of Parent Contacted: _____ Phone Number: _____

Date/Time of Contact: _____ Consent Given: YES _____ NO _____

1. You have been assigned Group or After School Detention at Centennial Middle School. Report to the back office no later than 3:15 PM on the above assigned date. *
2. Your time is from 3:15 PM until 4:15 PM. Arriving late is **not acceptable**. **YOU MUST ARRIVE NO LATER THAN 3:15 PM**. If you fail to attend or arrive late, then you will be issued a level two consequence (3 days In-School Suspension or Out of School Suspension).
3. Please bring with you any homework/classwork you need to complete. If you do not have any schoolwork, bring one of your textbooks or an appropriate book to read. If you are attending group, then materials will be provided by counselor.
4. If an emergency arises and you cannot attend, then you must notify an ADMINISTRATOR 24 HOURS before your scheduled detention or group. Failure to notify an administrator that you cannot attend will result in further action.
5. You must have your own transportation at the dismissal of group or detention by 4:15 PM. Pick up will be in the front of the school in parent drop off/pick up lane.

I am aware of my assigned Counseling Group or After School Detention date and my responsibility to attend. My parent or guardian is aware I must be picked up no later than 4:15.

X _____
Student Signature

Date

Staff Member Assigning Detention: _____



RETURN TO MR. DAVIS' MAILBOX AFTER YOU HAVE COMPLETED ALL SECTIONS