

Woodridge Local School District

IN-SCHOOL RESTRICTION, POST-SCHOOL RESTRICTION, OR SATURDAY SCHOOL

Dear Parent:

Your child, _____, has been referred to the _____ office due to the following behavior/misconduct:

As a result of this misconduct, s/he must serve _____ days in: _____ Makeup Detention(s)
_____ Penalty Detention(s)

_____ **BEFORE-SCHOOL DETENTION**, _____, _____ to _____
(Location) (Time)

_____ **POST-SCHOOL RESTRICTION**, _____, _____ to _____
(Location) (Time)

The student must bring his/her own course work and related reading material to study.

_____ **SATURDAY SCHOOL**, _____, _____ to _____
(Location) (Time)

The student must bring his/her own course work and related reading material to study.

_____ **IN-SCHOOL RESTRICTION**, _____, _____ to _____
(Location) (Time)

This discipline will be served under supervision beginning _____ through _____.

We recommend you speak with your child to add your voice to ours in an attempt to prevent any further offenses which might require stronger action.

Please contact me should any questions or concerns arise. Thank you for your cooperation.

(Principal)

Date

I agree to assume all responsibility for the transportation of my child(ren) to and from school for a before-school detention, post-school restriction, or Saturday School.

Parent's Signature

Date