

# St Paul's 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 Information

|                   |  |
|-------------------|--|
| School name:      |  |
| Principal:        |  |
| Authorised person |  |

## Student Information

|                |  |
|----------------|--|
| Name:          |  |
| Date of birth: |  |
| Gender:        |  |
| Year level:    |  |

## Subject Information

|                |                                                                            |        |  |
|----------------|----------------------------------------------------------------------------|--------|--|
| Name:          |                                                                            |        |  |
| Address:       |                                                                            |        |  |
| Phone:         |                                                                            | Email: |  |
| Support needs: | <i>Do you require any specific assistance to participate in a meeting?</i> |        |  |

## Carer's/relevant person'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 sufficient interventions/strategies utilised prior to the decision to issue the order. | Yes/No |
|                                                                                                            |        |
| The grounds on which the order was issued are unfair.                                                      | Yes/No |
|                                                                                                            |        |
| Other extenuating circumstances.                                                                           | Yes/No |
|                                                                                                            |        |

Subject's signature: \_\_\_\_\_

Carer's / relevant persons' signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                      |                                                   |
|----------------------|---------------------------------------------------|
| 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                                    |