St Mary's College 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 fo	or your red	cords.		
School Information	ı				
School name:					
Principal:					
Authorised person					
Student Information	on				
Name:					
Date of birth:					
Gender:					
Year level:					
Subject Informatio	n				
Name:					
Address:					
Phone:		Email:			
Support needs:	Do you require any specific as	ssistance t	o participate in a meeting?		
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 suff order.	ufficient interventions/strategies utilised prior to the decision to issue the		
		Yes/No	
The grounds on which the order was issued are unfair.			
		Yes/No	
Other extenuating circum	nstances.		
		Yes/No	
Subiect's signature:			
	' 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		