St Catherine of Siena 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	n				
School name:					
Principal:					
Authorised person					
Student Information	on				
Name:					
Date of birth:					
Gender:					
Year level:					
Subject Informatio	on				
Name:					
Address:					
Phone:	En	nail:			
Support needs:	Do you require any specific assis	tance to	o participate in a meeting?		
Carer's/relevant person's Information					
Name:					
Date of birth:					
Phone:	En	nail:			

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.	peen sufficient interventions/strategies utilised prior to the decision to issue the		
order.		Yes/No	
The grounds on which the	e order was issued are unfair.		
		Yes/No	
Other extenuating circum	nstances.		
· ·		Yes/No	
Subject's signature:			
	' signature:		
Date:			
Responsible director	Director of Learning and Regional Services		
Policy owner Approving authority	General Manager, Legal and Professional Standards Director, Learning and Regional Services		
	14 September 2022		
Approval date Date of next review	September 2024		