

DUNCANVILLE ISD
WAREHOUSE DELIVERY TICKET

Date: _____

Campus: _____

Attention: _____

PO#: _____

Vendor: _____

Delivery Instructions: _____

of Boxes: _____

Carrier: _____

Warehouse Received in Skyward

Yes ☐

No ☐

Description: _____

Delivered By: _____

Date: _____

Received By: _____

Date: _____

DISD RECORDS STORAGE LABEL

Form must be filled out completely and legibly with a black permanent marker and placed on end of box below handle opening.

CAMPUS/DEPARTMENT: _____

BOX CONTENTS (BE SPECIFIC): _____

DATE OF CONTENTS: _____

BOXED BY: _____

Duncanville Independent School District**Student Discipline Referral**

Student: _____ ID #: _____ Grade: _____ Campus: _____

Date of Incident: _____ Time of Incident: _____ Staff Member: _____

Reason(s) For The Referral

Give a brief, factual account of the incident

Teacher Action(s) Taken Prior To Referral

Indicate Dates of Action

_____ Classroom consequence	_____ Consulted counselor	_____ Contacted parent
_____ Detention	_____ Intervention plan	_____ Parent conference
_____ Seating change	_____ Sent previous report home	_____ Student conference
_____ Police involvement	_____ Other actions taken (Explain) _____	

Administrative Action(s) Taken

_____ ARD scheduled	_____ Corporal punishment	_____ Detention	_____ Expulsion recommendation
_____ Intervention plan	_____ ISS	_____ Loss of privilege	_____ Parent conference
_____ Saturday School	_____ Student conference	_____ Summit placement	_____ Suspended at home
_____ PO notified	_____ Special programs	_____ Warning	_____ Other action

Student signature: _____ Administrator signature: _____

Parent/Guardian Contact

Parent: _____ Home # _____ Work # _____

Parent contact (date/time) _____ Cell # _____

Parent signature: _____ Date: _____ Date referral mailed/sent home: _____

A copy of this referral is being sent home to be signed by the parent/guardian.**It is the responsibility of the student to return this signed referral to the appropriate administrator.**

St/Lo Act _____	St Rsn _____	St Dt _____	Lgth _____	ALS _____	LDR _____	Rt Pd _____	Parnt Ntfy _____	DODA _____
St/Lo Act _____	St Rsn _____	St Dt _____	Lgth _____	ALS _____	LDR _____	Rt Pd _____	Parnt Ntfy _____	DODA _____

I.D. NUMBER

NAME

LAST

FIRST

M.I.

RACE

ANGLO

BLACK

ORIENTAL

AM. INDIAN

OTHER

DUNCANVILLE INDEPENDENT SCHOOLS

PUPIL'S CUMULATIVE RECORD -- ELEMENTARY SCHOOL

NAME OF

FATHER

MOTHER

LEGAL GUARDIAN

LAST

FIRST

M.I.

Address

Occupation

Birth Date

Mo.

Day

Year

Date of Entrance

Mo.

Day

Year

PICTURE

TEACHER							COMMENTS							
GRADE	1	2	3	4	5	Repeat Grade								
Read														
Math														
Spelling														
Language														
Writing														
Social Studies														
Science/Health														
Art														
Music														
P.E.							REFERRAL FOR SPECIAL SERVICES							
Days Absent							DATE	GRADE	SERVICE	RESULTS				
Next Year Grade Assignment														
GRADE LEVEL STUDENT PERFORMING ON														
Math														
Read														

Last School Attended:

Transcript Sent To:

GRADE 8 GRADE TAPES

GRADE 7 GRADE TAPES

GRADE 6 GRADE TAPES

REPEAT GRADE

REFERRAL FOR SPECIAL SERVICES

Entrance Date

Withdrawn Date

[illegible][illegible]