

# Masuk High School

## ADMINISTRATIVE DETENTION FORM

Student's Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Period: \_\_\_\_\_

Administrator: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian contacted: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date/Time: \_\_\_\_\_

➤ Amount of time to be served: \_\_\_\_\_ minutes

➤ Must be served by: \_\_\_\_\_

**I understand that failure to serve detention is considered to be insubordination, and grounds for suspension.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Amount of Time Served	Date served	Served with whom?
30 min.		
30 min.		
30 min.		
30 min.		
30 min.		
30 min.		

Complete

Incomplete (time owed = \_\_\_\_\_)

Logged \_\_\_\_\_