## St Francis Xavier 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:	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 sufficient interventions/strategies utilised prior to the decision to iss order.			
	Yes/	/No	
The grounds on whic	h the order was issued are unfair.	<i>(</i> <b>.</b> .	
	Yes/	/No	
Other extenuating ci	reumstances		
	Yes/	/No	
Subject's signature:			
	sons' 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		