## **Our Lady's Primary School Community Safety Order**



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 order.	fficient interventions/strategies utilised prior to the decision to issue				
		Yes/No			
The grounds on which	n the order was issued are unfair.				
		Yes/No			
Other extenuating cir	cumstances.				
		Yes/No			
Subject's signature:					
Carer's / relevant pers	ons' 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				

September 2024

Date of next review