



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	1		
School name:			
Principal:			
Authorised person			
Student Information	on		
Name:			
Date of birth:			
Gender:			
Year level:			
Subject Informatio	n		
Name:			
Address:			
Phone:	E	Email:	
Support needs:	Do you require any specific ass.	istance to	p participate in a meeting?
Carer's/relevant pe	erson's Information		
Name:			
Date of birth:			
Phone:	E	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 issue to order.			
order.		Yes/No	
The grounds on which the order was issued are unfair.			
		Yes/No	
Other extenuating circum	nstances		
Other exteriorating circuit	istances.	Yes/No	
Su	bject's signature:		
Carer's / relevant persons' signature:			
carer 37 relevant po	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		