## St. Kevin's 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 assistance to 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 so order.	ufficient interventions/strategies utilised prior to the decision to issue the
	Yes/No
The grounds on which	the order was issued are unfair.
	Yes/No
Other extenuating circ	umstances.
	Yes/No
Subject's signature:	
Carer's / relevant nerso	ns' 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