Holy Eucharist 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.

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School Information	1			
School name:				
Principal:				
Authorised person				
Student Information	on			
Name:				
Date of birth:				
Gender:				
Year level:				
Subject Informatio	n			
Name:				
Address:				
Phone:	Email:			
Support needs:	Do you require any specific assistance to participate in a meeting?			
Carer's/relevant po	erson's Information			
Name:				
Date of birth:				
Phone:	Email:			
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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 order.		
		Yes/No
The grounds on which the	e order was issued are unfair.	
The grounds on which the	e order was issued are diffall.	Yes/No
Other extenuating circum	nstances.	
		Yes/No
Subject's signature:		
Carer's / relevant persons	' 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	