## CCHS HONOR COURT

## **VIOLATION REFERRAL FORM**

## Reported by: Student, Teacher or Administrator

Violation Referral Repor	ted by:			
Relationship to the Accu	sed:			
Brief Description of Vio	lation:			
Date and Time Occurred	:			
Location of Occurrence:				
Teacher/Class of Occurre	ence:			
Witness/es:				
Accused Student:	NC	: #:	Acadeı	nic
Signature of Reporter (or				Date
HONOR COURT INFO	RMATION (comp	oleted by the court)		nse #)
The CCHS H	onor Court has r	eviewed this case	fully ar	nd we:
Accept				
Court Date	Court Time	Court Location		Case #
OR				
<b>Reject</b> due to				
(reaso	on/s for rejection)			
Copies of Acception / Re	ejection to - Adm	inistrator:		
Teachers:				
Club/Sport:				