## Holy Rosary 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.

	you keep a copy of this form it	or your rec	corus.		
School Information	1				
School name:	Holy Rosary School				
Principal:					
Authorised person					
Student Information	n				
Name:					
Date of birth:					
Gender:					
Year level:					
Subject Informatio	n				
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 sufficient interventions/strategies utilised prior to the decision to issue order.				
		Yes/No		
The grounds on which the	e order was issued are unfair.			
0 11 11 1		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			