## Our Lady of Perpetual Help 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 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	l de la construcción de la constru	
There have not been order.	sufficient interventions/strategies utilised prior to the decision to	issue the
		Yes/No
The grounds on whic	h the order was issued are unfair.	Yes/No
Other extenuating ci	rcumstances.	
		Yes/No
Subject's signature: _		
Carer's / relevant per	sons' 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	

September 2024

Date of next review