

## NIS PYP Discipling Latter

	NIS FIF DISCIPINE LE	Date:
1st Offence		Date
Dear Parents,		
I am writing to inform you in the following incident:	ı that your child,	, has been involved
Date:		
Details:		
After reading this careful teacher.	y, please sign below and retu	ırn it to your child's class
	(Class Teacher)	
Parent Signature:	Dat	e :



## **NIS PYP Discipline Letter**

		Date:
2 <sup>nd</sup> Offence		
Dear Parents,		
I am writing to in the following		, has been involved
Date:		
Details:		
Action Taken:		
Reported By:_		
teacher to arrar	offence involving your chil nge a meeting with your s PYP Coordinator.	d. Please contact your child's classroom on/daughter, the classroom teacher and the
After reading th teacher.	is carefully, please sign b	elow and return it to your child's class
	(Class Teache	r)
Suggested Me	eeting Time (To be initia	lly filled in by classroom teacher)
Day:	Time:	$\_$ $\Box$ I accept this appointment time.
☐ I am unab	ole to make this time, but	I would offer this alternative time:
Day:	Time:	_
Darant Signatu	· ·	Data



## **NIS PYP Discipline Letter**

•	Date:
3 <sup>rd</sup> Offence	
Dear parents,	
I am writing to inform you that your child,involved in the following incident:	has been
Date:	
Details:	
Action Taken:	
Due to the fact that this is your child's 3 <sup>rd</sup> Offence, s/he will in-school suspension, and The Principal has been notified.	
This in-school suspension means that s/he will not attend r have the same regular break times this day nor will on this after-school activities.	
This in-school suspension will be held on Day:	On
this day our son/daughter should wait in the reception area day and not join the other students in the playground.	at the beginning of the
Reported By:	
After reading this carefully, please sign below and return it teacher.	to your child's class
(Class Teacher)	
Parent Signature: Date:	

Date:\_\_\_\_\_



## **NIS PYP Discipline Letter**

4 <sup>th</sup> Offence		
Dear parents,		
I am writing to in the following		ur child,, has been involved
Date:		
Details:		
		<u></u>
Action Taken	:	
	pal, your child's cla	child, you are required to come to school to meet as teacher and the school counsellor to discuss
Reported By:_		
After reading t teacher.	his carefully, pleas	e sign below and return it to your child's class
	(Class	Teacher)
Suggested Mo (To be initially Counsellor)		om teacher after discussion with the HOS &
Day:	Time:	☐ I accept this appointment time.
□ I am unab	le to make this time	e, but I would offer this alternative time:
Day:		Time:
Parent Signatu	ure :	