

**ALLEGHANY COUNTY PUBLIC SCHOOLS  
STUDENT REMOVAL FORM**

School Name: \_\_\_\_\_

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

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

Description of Behavior:

Administrative and/or  
Teacher Interventions Attempted  
Prior to Removal and Results:

Date of Prior Incident Reports:  
(Note: Prior incident reports must be attached.)

Signature of Teacher: \_\_\_\_\_

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

Signature of Principal: \_\_\_\_\_

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

Cc: Parent/Guardian

5/01 ACPS