## PASSAIC COUNTY TECHNICAL INSTITUTE

TELEPHONE: (973) 389-4221

## STUDENT TARDY/CUT RECORD

Student Name: Grade/I.D. #: Subject: Period:				Date: Teacher: Counselor:	
ALL TARDY	//CUT FORMS AR	RE TO BE	DIRECTED TO	O THE DISC	IPLINE OFFICE.
Number of Cut:	1	2		3	4
FIRST CUT: Stude	ent/Discipline Coordinator co	nference. Parei	nt to be notified by th	ne Discipline Office.	
SECOND CUT: Stu	ıdent/Discipline Coordinator	conference. Par	ent to be notified by	the Discipline Offic	e.
Discipline Office for inter		home via certif			dance Counselor contacted by rincipal of Discipline concerning
course, removed from the	Parent/Student/Guidance Co e class/shop and placed in th ication mailed home via certif	e In School Sus <sub>l</sub>	ension or Student T	ime Out Program f	is issued <u>Loss of Credit</u> for the or that period for the remainder scipline.
NOTE: Loss of C	redit will be in effect for:				
a.	Full year course at the fourth cut level. This includes the entire				
b.	exploratory shop experience. Half-year course at the second cut level.				
c. d.	Physical Education course at the third cut level.  Health/Driver Education course at the second level.				
Tardy Date(s):					
Cut Date(s):					
Teacher Comment:	**************************************				
	Student	Parent	Guidance	Teacher	Supervisor
Disciplinarian:			Telephone: (97	3)	
W = Parent StdntTardy-CutForm	Y = Discipline		P = Guidance		G = lssuer