EAST BATON ROUGE PARISH SCHOOL SYSTEM

Hearings Department
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Student Statement

STUDENT NAME: _____ SCHOOL: _____ GRADE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

STATEMENT OF INCIDENT

(USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE STATEMENT)
PLEASE NOTE WHO? WHAT? WHEN? WHERE? WHY? HOW?

_____ _____
SIGNATURE OF STUDENT DATE