

3300 Gillett Drive NW Phone: 218-333-3290 Bemidji, MN 56601

Fax: 218-333-3296

Notification of Detention

Student name:	Date:	
Teacher name(s):		
Below is a list of the J.W. Smith behavi the behavior concerns.	or expectations with check	s indicating
Come to school on time with thing	s you need.	
Show respect for people and prope	erty.	
Do your best work and allow your	classmates to do the same.	
Listen and follow directions.		
Get along with others.		
NOTES:		
Student signature:		
Teacher signature(s):		
Parent/Guardian signature(s):		
*PARENT/GUARDIAN MUST SIGN AND SERVE DETENTION EACH DAY UNTIL TH THEIR CLASSROOM TEACHER.		
For teacher records only: Tally number of detentions	s served before form is returned.	