

Archbishop Shaw High School
Academic Dishonesty Report

Student's Name:		Date of Report:	
Teacher's Name:		Date of Incident:	

Teacher Report of Incident:

OFFICE USE:

Student Comments:

Action Taken:

Graduation Date: 2015 2016 2017 2018 2019	Offense: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
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Teacher Signature

Student Signature

Assistant Principal – Academics

Parent/Guardian

Note: Please consult the Student Rules and Regulations for the Honesty and Integrity Policy.