



REQUEST FOR RESTITUTION OF DAMAGES AS PER POLICY

SCHOOL: _____

DATE OF REPORT: _____

DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____

CIRCUMSTANCES SURROUNDING INCIDENT:

STUDENT'S NAME: _____

PARENT'S NAME: _____

MAILING ADDRESS: _____

PRINCIPAL'S SIGNATURE: _____

TO BE RETURNED TO THE DIRECTOR OF FINANCE AND ADMINISTRATION