

CCHS HONOR COURT
PARENT / STUDENT SIGNATURE FORM

(to be **SIGNED** and **RETURNED** within **2 days** of the referral date of _____)

Confidentiality Wavier

(revised Fall 2020)

CCHS Honor Court Case Number: _____

I _____, after obtaining permission from my parent/guardian agree to have my case reviewed by the CCHS Honor Court. I also agree that any information pertaining to my case may be shared with any presiding honor court members, witnesses, administration and any other person/s vital to the outcome of my hearing. This will also be documented in my student file with the office records. I understand that information regarding my case will not be discussed outside of the hearing.

CCHS Honor Court Hearing Date (location TBD):

*We acknowledge the responsibility of the student to come prepared on time **as scheduled** above. Failure to do so will result in an office referral in lieu of a hearing.*

Name/Signature of Accused / Student

Date

Name/Signature of Accused's Parent / Guardian

Date

I _____, DO NOT AGREE to have my case reviewed by the CCHS Honor Court although accusations have been made against me to have taken part in the act of violating the CCHS Honor Code. I understand that I will receive an office referral in lieu of a hearing by the CCHS Honor Court. This will also be documented in my student file with the office records.

Name/Signature of Accused / Student

Date

REFERRING TEACHER: I acknowledge that I am expected to appear with the referred student to the hearing as/if scheduled above, bringing any necessary and/or supporting documents.

Name/Signature of Referring Teacher

Date