



STUDENT SMOKING VIOLATION RECORD

School: _____

Student: _____ M _____ F _____

Birth Date: Day _____ Month _____ Year _____

Address: _____ Postal Code _____

Parent/Guardian: _____

Telephone #: Home: _____ Business: _____

Offence Information

1st Offence

Age: _____

Date: _____ Time: _____ am pm

Location: _____

Witness(s): _____

Brand of Cigarette: _____

Student Signature: _____

Parent Informed: _____ **(By School)**

2nd Offence

Age: _____

Date: _____ Time: _____ am pm

Location: _____

Witness(s): _____

Brand of Cigarette: _____

Student Signature: _____

Parent Informed: _____

(By School, further offence(s) will result in charge being laid)

3rd Offence

Age: _____

Date: _____ Time: _____ am pm

Location: _____

Witness(s): _____

Brand of Cigarette: _____

Student Signature: _____

Parent Informed: _____

(By TEO if under 16 years)

FAX TO:

Region of Waterloo
Licensing and Regulatory Services

Fax #: (519) 575-4042

e-mail: irs@region.waterloo.on.ca

Docs # 312343

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the policy and procedures memorandum. Questions regarding the collection of this information should be directed to: Privacy and Information Management Officer, 519-578-3660 ext. 2381.