

# Kane County School District

RECORD OF PARENT NOTIFICATION OF STUDENT THREAT OR INCIDENT  
Required by 53A-11a-203  
[H.B. 134, 2013 Legislative Session]

This form is a record required to be maintained securely and confidentially by the school consistent with §53A-11a-203(3) following parent notification of student suicide threat, bullying incident, cyber-bullying incident, harassment incident, hazing incident or retaliation incident. THIS FORM SHOULD NOT BE USED TO NOTIFY PARENT(S) OF THE INCIDENT.

Student's name: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Parent was notified of the incident by:

\_\_\_\_\_ Signature

\_\_\_\_\_ Designated School Employee's Name

on \_\_\_\_\_ by  phone  email  mail  other  
Date

Provide parent contact information:

\_\_\_\_\_  
\_\_\_\_\_

- Parent was notified of:  suicide threat  
 bullying incident  
 cyber-bullying incident  
 harassment incident  
 hazing incident  
 retaliation incident