

Alachua County Public Schools
**Law Enforcement Notification
of Student Arrest**

*(complete and email as an attachment to
browns1@gm.sbac.edu Or fax to: 844-410-6814)*

Student Name: _____ Date: _____

School: _____

Race: _____ DOB: _____ Sex: Male Female

LEO Name: _____

Agency _____

Incident Occurred At: _____

School Officials Notified: Yes No

Charges:

1.	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Civil <hr/> <u>Disposition:</u> <input type="checkbox"/> JAC <input type="checkbox"/> ACDC <input type="checkbox"/> S/C <input type="checkbox"/> Civil Citation
2.	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Civil <hr/> <u>Disposition:</u> <input type="checkbox"/> JAC <input type="checkbox"/> ACDC <input type="checkbox"/> S/C <input type="checkbox"/> Civil Citation
3.	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Civil <hr/> <u>Disposition:</u> <input type="checkbox"/> JAC <input type="checkbox"/> ACDC <input type="checkbox"/> S/C <input type="checkbox"/> Civil Citation
4.	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Civil <hr/> <u>Disposition:</u> <input type="checkbox"/> JAC <input type="checkbox"/> ACDC <input type="checkbox"/> S/C <input type="checkbox"/> Civil Citation

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