STUDENT REMOVAL FORM	
School Name:	Maggie L. Walker Governor's School Richmond, VA
Student:	
Teacher:	
Class:	
Date:	
Description of Behavior:	
Administrative a	nd/or Teacher Interventions Attempted Prior to Removal and Results
7 tullimstrative a	nd/of Teacher Interventions Attempted 1 Hor to Removal and Results
Date of Prior Inc	ident Penorts:
<u>Date of Prior Incident Reports:</u> (Note: Prior incident reports must be	
attached.)	
Signature of Tea	<u>cher:</u>

Adopted: October 15, 2020