St. Lawrence Academy
Mediation Form

Name: _____

Address: _____

Phone: _____Email: _____

Student's Name (if applicable): _____Grade: _____

Name of staff member whom the concern is regarding (unless it is a general concern): _____

Date and place the incident occurred (if applicable): _____
_____

Details of the concern (attach appropriate supporting documents): _____
_____
_____
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_____

Parents suggested resolution: _____
_____
_____
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_____
_____
_____

Signature/date (parent)_____

Date of first attempt at communicating with staff member: _____
Staff member:_____

Communicated by: O phone O email O in person O letter

Details of conversation/resolution: _____

Date of second attempt at communication (if applicable): _____
Staff member:_____

Communicated by: O phone O email O in person O letter

Details of conversation/resolution: _____

Signature/date (parent)_____

Date of third attempt at communication (if applicable): _____
Staff member:_____

Communicated by: ○ phone ○ email ○ in person ○ letter

Details of conversation/resolution: _____

Comments: _____

Signature/date (parent)_____