



CENTRAL VALLEY

SCHOOL DISTRICT

iPad Incident Report

Student Last Name: _____

Student First Name: _____

Graduation Year: _____

Parent Last Name: _____

Parent First Name: _____

Primary Contact Number: _____

Parent Email Address: _____

Incident Date: _____

Incident Time: _____

Incident Location: _____

Circumstances/Description of the incident:

Has the student had any previous iPad incidents?

___ Yes

___ No

