LAUSD – ATHLETIC DEPT
333 S. Beaudry Avenue, Room B-216
Los Angeles, CA 90017
ATHLETIC SELF- REPORTING FORM

Reporting School:_____

Sport:_____

Head Coach:_____

# of Students Involved (if any):_____

Date of Violation(s):_____

ISTAR# (if deemed necessary): _____

Administrator in charge of Athletics:_____

Name of Principal:_____

Explanation of Self-Report:
_____
_____
_____

Administrator's statement of actions taken against individuals and/or teams: (Attach Separately)
Were Any Student-Athletes Involved in
Violation/Infraction:_____
Names of Students
Involved:_____
_____
If yes, Status of Student-
Athletes:_____
_____
_____

Follow-up Actions:

Corrective:_____
_____
_____
_____
Preventive:_____
_____
_____
_____

Submitted by: (Name and Title)

Date:

Principal's Signature

School

SUBMIT TO LAUSD ATHLETIC DEPT
WITHIN 24 HOURS
AFTER INCIDENT

Send copy to the following:

Copy sent to: ___Opposing School AD ____Region Operations ___Administrator in charge of Athletics (opposing school)
___Athletics Office ___ Section Office ___School File