

# STUDENT DISCIPLINE CONFERENCE

OCTOBER 3, 2017 • The Conference Center at OCLC

**PLEASE NOTE:**

TEACHERS & COUNSELORS ARE INVITED  
TO ATTEND AT THE OASSA MEMBER RATE  
OF \$175



**Recommended for:**

- ✓ High School and Middle Level Administrators
- ✓ Counselors
- ✓ Teachers

Sponsored by: The Ohio Association of Secondary School Administrators

\* Attendees will earn 4.50 Contact Hours

## AGENDA

- 8:00 a.m. - 9:00 a.m. Registration/Continental Breakfast
- 9:00 a.m. - 10:15 a.m. **Updating Your Code of Conduct**  
Ken Baker, OASSA Executive Director
- 10:15 a.m. - 10:30 a.m. Break
- 10:30 a.m. - 11:30 a.m. **Appeals, Alternatives, Staff Members & Politics**  
Timothy Freeman, OASSA Associate Executive Director
- 11:30 a.m. - 12:30 p.m. Lunch
- 12:30 p.m. - 1:45 p.m. **Hot Topics in Student Discipline**  
Laura Anthony, Partner, Bricker & Eckler, LLP
- 1:45 p.m. - 2:00 p.m. Break
- 2:00 p.m. - 3:00 p.m. **Disciplining Students with Special Circumstances**  
Laura Anthony, Partner, Bricker & Eckler, LLP
- 3:00 p.m. Adjournment

**OASSA REGISTRATION FORM - STUDENT DISCIPLINE CONFERENCE**  
The Conference Center at OCLC - October 3, 2017

Name \_\_\_\_\_ Position \_\_\_\_\_ OASSA Membership # \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_ County \_\_\_\_\_

School Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ School Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

**Registration fee:** \$175 OASSA Members • \$275 OASSA Nonmembers (Registration fee includes breakfast, lunch, program, and materials.)

Check here if you are on a teaching contract - you are eligible to attend at the OASSA member rate.

Check here if you are a member of the Ohio Association of Elementary School Administrators (OAESA).

Payment or PO **MUST** be included with registration form — fax form to: (614) 430-8315 — PO # \_\_\_\_\_

Make **check payable to OASSA** and mail with this form to: OASSA, 8050 N. High Street, Suite 180, Columbus, OH 43235-6484

MC/VISA/DISCOVER (do not email sensitive credit card info; phone or fax is acceptable)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Card Billing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

Check here if you are disabled and require special services OR have dietary concerns. Please attach a description of your needs.