Business Professionals of America
Indiana Association
DEMERIT FORM

Name of Student_____

Chapter_____**Advisor**_____

District Coordinator_____**District**_____

Principal's Name_____

School Address_____

Date of Offense:_____**Time of Day**_____

Demerit Issued At: DISTRICT_____ **STATE**_____ **NATIONAL**_____ **OTHER**_____

Description of Offense_____

_____

_____

Demerit Board Notes:

Number of Demerit Pts. Issued_____

Signatures: _____
Issuing Person

_____ _____
Student **Local Advisor**

_____ _____
Demerit Board Chair **State Advisor**

Copies: chapter advisor, district coordinator, demerit board chair, state advisor