



## Alternative School Student Referral Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Does the student have an active IEP? Yes \_\_\_ No \_\_\_ Does the student have a 504 plan? Yes \_\_\_ No \_\_\_

Does the student have an EL Plan? Yes \_\_\_ No \_\_\_

Does the student have a Health Plan? Yes \_\_\_ No \_\_\_

Has the student been suspended? Yes \_\_\_ No \_\_\_ If yes, provide dates and details \_\_\_\_\_

\_\_\_\_\_

Has the student appeared in Early Warning Court? Yes \_\_\_ No \_\_\_ If yes, provide dates and details \_\_\_\_\_

\_\_\_\_\_

Is the student on juvenile probation? Yes \_\_\_ No \_\_\_ If yes, provide dates and details \_\_\_\_\_

\_\_\_\_\_

Brief description of

violation/offense \_\_\_\_\_

\_\_\_\_\_

### **Parent/Guardian Information**

Primary Parent/Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*(All correspondence regarding your application will to this email address)*

Secondary Parent/Guardian \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_