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| **COURT OF COMMON PLEAS**  JUVENILE DIVISION  LINDA TUCCI TEODOSIO, JUDGE  **SCHOOL REFERRAL FORM** |

Referral Date: Click or tap to enter a date. Student Name: Click or tap here to enter text.

DOB: Click or tap here to enter text. Race: Choose an item. Grade: Click or tap here to enter text.  Male  Female

Custodial Guardian:  Mother  Father  Guardian/Relation to Student: Click or tap here to enter text.

Name: Click or tap here to enter text. DOB: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Email: Click or tap here to enter text.

School Name: Click or tap here to enter text.

School Address: Click or tap here to enter text.

Is the student open enrolled?  Yes  No Has the student been withdrawn?  Yes  No

Date Student was withdrawn if applicable: Click or tap here to enter text.

If Student was withdrawn, has the school received a records request for enrollment at another school?

Yes  No IF yes, from what school? Click or tap here to enter text.

**School Attendance:**

Total Hours Absent: Click or tap here to enter text. Hours Excused: Click or tap here to enter text. Hours Unexcused: Click or tap here to enter text.

Is youth on:  IEP  504  N/A What is the identified disability: Click or tap here to enter text.

**Attach One Copy of the Following with Complaint:**

Attendance Record

Discipline History (if applicable)

Grade Card

**Actions Taken by School:**

SCCS Referral:  Yes  No

Referral to Project Rise?  Yes  No IF yes, date of referral: Click or tap here to enter text.

Contact Person for Project Rise: Click or tap here to enter text.

Is Transportation provided by Project Rise:  Yes  No

**Who Should be contacted for additional information such as attendance reports, attendance plan, discipline record, school performance:**

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**\*\*What information do you want the court to know about this youth and family that you have not already provided in this document? If more room is needed, please attach an additional page.** Click or tap here to enter text.

Name of person completing this form: Click or tap here to enter text. Date: Click or tap to enter a date.