

STUDENT REFERRAL COVER SHEET

DEMOGRAPHICS

Student Name: _____ School: _____ ID#: _____
Special Education: No Yes [If Yes, has SEAP Administrator been contacted? No Yes]
504 Plan: No Yes [If Yes, please attach copy]
Grade: _____ Date of Birth: _____ Age: _____ Gender: _____ Race: _____
Parent/Guardian: _____ Address: _____ Phone Numbers: _____
Teen Parent: No Yes Has the student ever been retained? No Yes – When: _____

REASON FOR REFERRAL

Alternative Program Expulsion Letter Attached

Principal Signature Assistant Principal Signature Date

It is understood that the student will remain at the alternative program for an agreed length of time and transitioned back to the home school after the time is completed and the goals are met.

RECOMMENDATION FROM HARRIS ALT. ED. PROGRAM (TO BE COMPLETED BY PRINCIPAL ONLY)

Return to Home Attendance Center for Additional Interventions
 Alternative program is recommended. A meeting is scheduled at _____ for _____ am/pm.
 Move forward with expulsion process

Placement and Length of Stay Recommendation:

Signature Harris Alternative Education Program Principal Date

TO BE COMPLETED BY PARENT/GUARDIAN(S)

I agree to the administrative transfer to an alternative program and recommended length of stay for my child.
 I disagree to the administrative transfer and recommended length of stay for my child at an alternative program. I understand this is considered an intervention and continued discipline may result in a recommendation for disciplinary actions.

Parent/Guardian(s) signature _____ Date _____

Harris Alt. Ed. Program Principal _____ Date _____