

DATE completed by sending school _____

DATE received by ACOE _____

COUNTY COMMUNITY SCHOOL REFERRAL FORM

(to be completed by sending school district or referring agency)

- HAYWARD COMMUNITY SCHOOL QUEST INDEPENDENT STUDY THUNDER ROAD GROUP HOME THUNDER ROAD HOSPITAL

1. REFERRING AGENCY

- ALAMEDA COURT/PROBATION SCHOOL DISTRICT PARENT REFERRAL GROUP HOME OTHER _____

Name of person referring student to ACOE Title Phone Number E-mail Address

***Parent/Guardian signature required on Pages 2 and 3 of this document.
ACOE Student Programs and Services administrator signature required on Page 4.
School records listed on Page 4 must be provided in order for this student to be accepted.***

2. STUDENT IDENTIFICATION AND CONTACT INFORMATION

Legal Name _____ Birthdate _____

First Middle Last

Also known as: _____ Gender _____

First Middle Last

California School Information Services (CSIS) Student ID# _____ Social Security # _____

RESIDENCE ADDRESS _____ MAILING ADDRESS _____ Home Phone _____

Street _____ Street _____ Alt. Phone 1 _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____ Alt. Phone 2 _____

Is there any legal document preventing either parent from seeing or taking student? (Document must be attached.) YES

Name of adult with whom student resides _____ Relationship _____

Mother _____ Day Phone _____

Address _____ Alt. Phone _____

Father _____ Day Phone _____

Address _____ Alt. Phone _____

Custodial Guardian's Name _____ Day Phone _____

Address _____ Alt. Phone _____

Educational Guardian's Name _____ Day Phone _____

Address _____ Alt. Phone _____

3. IF APPLICABLE, EXPULSION INFORMATION

District which expelled _____ School attended _____

Dates of expulsion from: _____ to: _____ Education Code Violation, if applicable: 48915(a) 48915(c)

Other Education Code Violations (48900) -- briefly describe _____

Is re-admission to sending school district contingent on successful completion of Rehabilitation Plan? Yes No

Date and conditions of eligibility to return to home district _____

Student Name _____ Birthdate _____

COMMUNITY SCHOOL REFERRAL FORM (continued)

4. LEGAL INFORMATION IF APPLICABLE

California W&I Code Section 601 Referred by Probation 602 Formal Probation 300 Social Service
 Probation Officer _____ Phone _____ Email _____
 Social Worker _____ Phone _____ Email _____

5. EDUCATIONAL INFORMATION

Grade _____ CSIS State ID # _____ SocSec # _____ Predicted year of graduation _____
 SPECIAL EDUCATION No IEP or 504 Plan 504 Plan Individual Education Plan (IEP) *If so, IEP must be attached.*
 RSP-Resource Program SDC-Special Day Class DIS-Designated Instructional Service
 EL - English Learner IFEP - Initially Fluent English Proficient RFEP – Re-designated Fluent English
To ensure appropriate educational services, CELDT scores must be sent to ACOE for all EL, IFEP, and RFEP students.

6. DEMOGRAPHIC INFORMATION

This information is held in strict confidence. The purposes for asking include: 1) to ensure that all students receive all services for which they are eligible, and 2) to support federal funding requests for specialized student programs in this district and California.

NATIONAL SCHOOL LUNCH PROGRAM (*Attach worksheet*) Eligible for Free/Reduced Not Eligible

ETHNICITY: Yes, Hispanic or Latino No, not Hispanic or Latino

The question above is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate the student's race.

RACE African-American or Black American Indian or Alaskan Native White
If Asian: Chinese Japanese Korean Vietnamese Asian-Indian Laotian Cambodian Hmong Other
If Pacific Islander: Native Hawaiian Guamanian Samoan Tahitian Other Pacific Islander

MOTHER'S EDUCATION Not High Sch Grad High Sch Grad Some College Incl. AA) 4yr College Grad Grad School No Info

FATHER'S EDUCATION Not High Sch Grad High Sch Grad Some College Incl. AA) 4yr College Grad Grad School No Info

HOME SETTING No permanent home at this time Foster Home Group Home Migrant

RECENT IMMIGRANT INFORMATION Month/Year Entered U.S. Schools _____ Birth Country _____

This information is requested because additional federal funding is available to districts serving immigrant students.

7. OTHER INFORMATION

To the best of my knowledge, all information provided above is correct concerning this student seeking enrollment in an Alameda County Office of Education school program.

Signature of Parent or Guardian _____ Date _____

Student Name _____ Birthdate _____

8. STUDENT HEALTH CONSIDERATIONS

SPECIAL CONSIDERATIONS (vision, hearing, asthma, diabetes, Medical Alert, allergies, required medication, etc.)

REQUIRED PRESCRIPTION MEDICATION _____

Name of persons to contact if Parent or Guardian cannot be reached:

1. Name	_____	Phone	_____	Relationship	_____
2. Name	_____	Phone	_____	Relationship	_____

In case of an emergency, if the parent/guardian or emergency contact persons cannot be reached, I give consent for emergency medical and/or ambulance service for my child or ward.

Signature of Parent or Guardian _____ *Date* _____

Student Name _____ Birthdate _____

SCHOOL RECORDS LISTED ON THIS PAGE MUST BE PROVIDED IN ORDER FOR THIS STUDENT TO BE ACCEPTED.

APPROVAL TO ENROLL IN ALAMEDA COUNTY SCHOOL PROGRAM: _____

Signature of ACOE Principal or designée

Date

9. DOCUMENTS RECEIVED FROM SENDING SCHOOL: REQUIRED UPON ENROLLMENT

DATE ____	Immunization Records	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Parent's signed emergency care release (Pg 3 of this document)	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Special Educ. Svcs: Individualized Education Plan <i>or</i> 504 Plan	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Free/Reduced School Lunch Eligibility Form	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Letter from home district releasing student to ACOE	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Expulsion and/or Suspension Order	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Rehabilitation Plan	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Transcript from most recent secondary school attended	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Transcripts from prior secondary schools attended	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only

10. DOCUMENTS RECEIVED FROM SENDING SCHOOL: REQUIRED AS SOON AS AVAILABLE

DATE ____	California High School Exit Exam Report: Current year	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	California High School Exit Exam Report: One year prior	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	California High School Exit Exam Report: Two years prior	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	California English Language Development Test: Current year	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	California English Language Development Test: One year prior	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	California English Language Development Test: Two years prior	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Other _____	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Other _____	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Other _____	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only
DATE ____	Other _____	<input type="checkbox"/> original	<input type="checkbox"/> copy	<input type="checkbox"/> reported only