



ALAMEDA COUNTY OFFICE OF EDUCATION
COUNTY COMMUNITY SCHOOL REFERRAL FORM
PHONE: 510-670-4590 FAX: 510-670-4208

Please submit to: SPASenrollment@acoe.org

School Year: \_\_\_\_\_

Date: \_\_\_\_\_

PROGRAM BEING REFERRED TO:

- HAYWARD COMMUNITY SCHOOL OAKLAND BRIDGE ACADEMY QUEST INDEPENDENT STUDY QUEST INDEPENDENT - EMERGE
BURKE TEEN PARENTS - HAYWARD FRUITVALE TEEN PARENTS - OAKLAND THUNDER ROAD

1. STUDENT IDENTIFICATION AND CONTACT INFORMATION

Legal Name \_\_\_\_\_ Nickname: \_\_\_\_\_
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male Female
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Student's cell phone \_\_\_\_\_ California School Information Services (CSIS) Student ID# \_\_\_\_\_

DISTRICT OF RESIDENCE \_\_\_\_\_

LIST ALL HIGH SCHOOLS ATTENDED \_\_\_\_\_

- Mother Name Email address
Stepmother Address
Guardian Home Phone Cell Phone Work Phone
Father Name Email address
Stepfather Address
Guardian Home Phone Cell Phone Work Phone

SPECIAL EDUCATION Yes No If so, the most current IEP must be attached. District of Residence acknowledges that ACOE will provide Special Education Services for a fee established by MOU.

Name of District Representative Title Signature

504 PLAN Yes No If so, the most current 504 Plan must be attached

HOME LANGUAGE: English Only (EO) ELL FEP RFEP
Other language: \_\_\_\_\_

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

I hereby request that the Alameda County Office of Education and the Alameda County Probation Department DETERMINE ELIGIBILITY of this student for participation in the community school programs.

Parent/legal guardian signature authorizes the Alameda County Community School Program to share student's performance information with related agencies. Parent/legal guardian certifies that all health screenings and immunizations are current. Referrals are not accepted without signatures.

Parent or Guardian Signature Student Signature Date

**PAGE 2 - TO BE COMPLETED BY SENDING SCHOOL DISTRICT OR REFERRING AGENCY**

2. REFERRER:  SCHOOL DISTRICT  PROBATION  OTHER \_\_\_\_\_ Date of referral: \_\_\_\_\_

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

Is student expelled?  Yes  No

District which expelled \_\_\_\_\_ Dates of expulsion from: \_\_\_\_\_ to: \_\_\_\_\_

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

Hours of counseling \_\_\_\_\_ Hours of community service \_\_\_\_\_ Letter/Essay  Yes  No Other \_\_\_\_\_

Is student under the supervision of the Department of Probation?  Yes  No

Probation Officer \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Worker \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

California W&I Code Section  601 Referred by Probation  602 Formal Probation  300 Social Services

Is student in residential drug/alcohol treatment?  Yes  No Release Date: \_\_\_\_\_

Is student pregnant?  Yes  No Due Date \_\_\_\_\_ Is student parenting?  Yes  No Baby's DOB \_\_\_\_\_

**IF NONE OF THE ABOVE, WHAT IS THE REASON FOR REFERRAL TO ACOE:** \_\_\_\_\_

ACOE can only serve students who are expelled, detained, under the supervision of probation or probation referred. ACOE can recommend a student for probation referral who is chronically disobedient or habitual truant, if district interventions have failed to bring about change. Documentation of interventions must be attached.

<b>REQUIRED ATTACHMENTS</b>	
<i>(Referral will be RETURNED if incomplete)</i>	
TESTING (Attach copies)	
Please <input checked="" type="checkbox"/> all that apply)	
<input type="checkbox"/> TRANSCRIPT	<input type="checkbox"/> IMMUNIZATION RECORDS
<input type="checkbox"/> EXPULSION PACKET	<input type="checkbox"/> DISCIPLINE
<input type="checkbox"/> ALL TESTING SCORES (CST/SBAC, CAHSEE, CELDT)	<input type="checkbox"/> MOST RECENT IEP OR 504 PLAN

<b>INTERVENTIONS ATTEMPTED</b>		
<i>(Evidence of interventions must be attached)</i>		
<input type="checkbox"/> BEHAVIORAL CONTRACT	<input type="checkbox"/> INDEPENDENT STUDY	<input type="checkbox"/> ADULT EDUCATION
<input type="checkbox"/> STUDENT STUDY TEAM	<input type="checkbox"/> COMMUNITY SCHOOL	<input type="checkbox"/> COUNSELING
<input type="checkbox"/> OPPORTUNITY CLASS/ CONTINUATION HS	<input type="checkbox"/> TRUANCY NOTICES	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> SRO CONFERENCE/CITATION	<input type="checkbox"/> SARB	_____
<input type="checkbox"/> PARENT CONFERENCE(S)	<input type="checkbox"/> PROGRAM ADJUSTMENTS	_____
<input type="checkbox"/> STUDENT ASSISTANCE PROGRAM	<input type="checkbox"/> REDUCED DAY	_____
	<input type="checkbox"/> HOME INSTRUCTION	_____

**FOR ACOE USE ONLY**

**DEPARTMENT OF PROBATION**

Authorizing signature confirms that the application has been reviewed to determine eligibility to enroll in ACOE Programs  
 Approved  Denied

Comments \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Signature of ACOE Administrator                      Date

This student is herewith referred to Student Programs and Services Community School in accordance with Education Code Section 1981 (c) pursuant to Welfare and Institutions Code Section 601.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Signature of Probation Officer                      Date