

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**

SCHOOL DISTRICT \_\_\_\_\_  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 \_\_\_\_\_ Birth date \_\_\_\_\_

*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 \_\_\_\_\_ Birth date \_\_\_\_\_

**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-Amer. or Black  Amer. Indian or Alaskan Native  White  Decline to State  Other  
*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  Birth date

**8. STUDENT HEALTH CONSIDERATIONS**

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

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REQUIRED PRESCRIPTION MEDICATION \_\_\_\_\_

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

1. Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>
2. Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>

*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  Birth date

**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 ( <b>Pg 3 of this document</b> )	<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