

Genesis Education Center
Alternative Program
Referral Form
2012-2013

Referred by _____ Date of referral _____
(Counselor) (School) (Date student is to report)

Date student can apply for readmission to home school _____

Special requirements needed:

Counseling _____ Substance Abuse Program _____ Other _____

Student's Legal Name _____

Last First Middle

SS# _____ Race _____ DOB _____ Grade _____

Self-Contained _____ Resource _____ Acad Assit Plan (AAP) _____ IEP Meeting Date _____

Mother/Guardian's Name & Address _____

Phone _____ Mother/Guardian's Work Place _____ Phone _____

Father/Guardian's Name & Address _____

Phone _____ Father/Guardian's Work Place _____ Phone _____

Emergency Contact _____ Phone _____

Reasons for student referral to Genesis Education Center _____

I give my permission for _____ to be released

Student's Name

from _____ to attend Genesis Education Center.

(Home School)

(Principal's Signature)

(Date)

(Assist. Superintendent's Signature)

(Date)

(Alternative School Director's Signature)

(Date)

(Parents/Guardian Signature)

(Date)

The following information must be attached to this completed form for consideration:
Schedule, Most Recent Grades, Transcript, Detailed Attendance Report, Detailed Discipline Report, Academic Assistant Plan, and IEP (if applicable).