C/FORWARD: Student Referral Form

COALITION FOR ENGAGED EDUCATION

Name of Student: _____

Gender: M/F DOB: _____/_____/_____ Current Grade Level: _____

Current School: _____

Current School Address: _____

School Contact Person: _____ School Phone: _____ _____ _____

Academic or extra-curricular interests:

_____

_____

_____

Referring Agency: _____ Date of Referral_____/____/_____

Main Contact: _____ Title: _____

Phone: _____ _____ _____ Email: _____

Name of Primary Caregiver: _____

Primary Phone: _____ _____ _____ Secondary Phone _____ _____ _____

Address: _____

Type of Placement:

____ Foster Parent ____ Guardianship ____ Kinship ____ Group Home ____ Other

Date of current placement: ____/____/____ Who maintains educational rights? _____

Pending court cases that could affect educational placement Date: _____/_____/_____

Does the student have transportation? If so, what are the parameters?

_____

_____

Comments:

_____

_____

_____

_____

Please return to: Tiffany Shirley, Program Director:

tiffany@c-youth.org

Office: 424.272.9918 Cell: 252.327.6426

3131 Olympic Boulevard, Santa Monica, CA 90404