

Board of Education Policy 3.3120

Administrative Procedure
Minimum Credit High School Diploma Program

MINIMUM CREDIT HIGH SCHOOL DIPLOMA PROGRAM REFERRAL FORM

Student's Name: _____

Grade Level: (current year) (last year) _____

School Attended Last Year: _____

Sex: (Male/Female) _____ Birth Date: _____ Age: _____

Race: Caucasian / African-American / Asian-Pacific Islander / Hispanic / American Indian / Multiracial

Referring Person: _____

Reason for Referral:(check all that apply)

- Continual attendance or truancy
- Chronic behavior problems
- Academic/Credit deficiencies
- Failed a grade level at least once [indicate grade(s)]: _____
- Environmental, psychological, and/or physiological challenges
- Chronic substance abuse
- Depression
- Teen pregnancy
- Parental responsibilities
- Socially delayed
- Emotionally delayed
- Anger management problems Judicial problems

Does this student have or ever had an IEP or 504-Plan?

No / Yes – area of disability: _____

Year(s) served: _____

Student lives with: (check one)

- Mother & Father
- Mother & Stepfather
- Mother Only
- Father & Stepmother
- Father Only
- Guardian/Legal Custodian
- Grandparent(s)
- Foster Home
- Group Home
- Student has own residence
- Other (specify) _____

Parent(s)/Guardian(s) Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____