

Office of Education Services  
Admissions Process Policy  
REFERRAL FORM

---

---

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Date/Year

Primary Language Spoken at home: \_\_\_\_\_

Name Of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

County Of Residence: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Names & Ages of Siblings: \_\_\_\_\_

=====

Name of LEA Making Referral: \_\_\_\_\_

LEA Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Teacher(s): \_\_\_\_\_

Name of Principal: \_\_\_\_\_ EC Director: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Other Agencies Providing Services (include prescribing physician if applicable):

---

---

Should the IEP team consider placement in your program as the most appropriate least restrictive setting for this child, we understand that it does not mean the child is accepted for admission. We also understand we will be notified of acceptance or denial within 10 days of a completed referral packet. In addition, the admission to your program will not remove us from our obligation to participate in the educational planning and future educational placement decisions for this student.

---

Referring LEA Representative

Date