

COLUMBUS MUNICIPAL SCHOOL DISTRICT
Student Referral Section – Alternative School Program

Referring School: _____

Date of Submission: _____

SECTION I: General Enrollment Information

Student: _____ Date of Birth: _____ SSN: _____
Age: _____ Current Grade: _____ Home Address: _____
Guardian: _____ Home Phone: _____ Work Phone: _____

SECTION II: School History (Do not use subjective information.)

Grades Repeated (Circle all that apply): K 1 2 3 4 5 6 7 8 9 10 11 12
Specific Reason for Referral (Brief Statement): _____

Times in the office in Current Year: _____ Number of OSS days: _____ Number of ISS days: _____
Types of Conduct Code Violations: _____
Corrective Measures Used other than OSS: _____
Special Programs Eligibility (Sped, Title I, etc.): _____
Current Grades by Subject: English Math Science Social Studies Other
Achievement Areas (List areas of Strength/Weakness on most recent State Testing): _____

SECTION III: Parental Contacts To Date (Must indicate more than one type of contact.)

Date(s) of Contact	Method	Result
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION IV: Administrator Recommendation

The above named student has been determined to be eligible for placement in the following:

_____ Behavioral Alternative (Elementary) _____ Check here if the student is in Special Education
_____ Behavioral Alternative (Secondary)

SECTION V: Attach a Copy of Current Class Schedule if Student is in Grade 7 or Above

Counselor's Signature (Required) Date Administrator's Signature (Required) Date

_____ Approved for Placement
_____ Disapproved for Placement
_____ Other Action (Proved Description)

Date of Committee Review