

COMMUNITY SCHOOL REFERRAL/RECOMMENDATION
(Forms available at kcclc.org)

STUDENT INFORMATION

SSID# _____

_____	_____	_____	_____
Name	Age	Grade	Date of Birth
_____	_____	_____	_____
Residence Address	City/Zip	Telephone	
<input type="checkbox"/> PARENT Or <input type="checkbox"/> LEGAL GUARDIAN	Name(s) _____	Other Phone _____	
Address _____			

EDUCATIONAL BACKGROUND INFORMATION

LAST SCHOOL(S) ATTENDED: _____ Grades in progress? No Yes If yes, term: Fall Spring

Is the student being referred as a result of the recommendation by a school attendance review board? No Yes
If yes, have all the provisions of Ed Code 1981(b) been satisfactorily met? No Yes

Drop Date for Last School Attended: _____ Eligible to Enroll in Community School On: _____

Date Eligible to return to District of Residence: _____

ATTENDANCE (Required): Please rate the student's attendance over the past six months (other than court schools):

Good Satisfactory Poor Has there been a recent period of non-attendance? No Yes If yes, how long? _____ days/months.

BEHAVIOR (Required): Please rate the student's school behavior over the past six months: Good Satisfactory Poor

Recent suspensions? No Yes How many _____ Total days _____ What was the most serious offense during the past 12 months? _____

EXPULSION ACTIONS (Required): Expelled? No Yes Period of Expulsion _____ through _____

Expulsion hearing pending? No Yes Alternative to Expulsion? No Yes

Ed Code Violation(s) Ed Code 48900 _____ Ed Code 48915 _____

Rehabilitation Plan Conditions: _____

SPECIAL INSTRUCTIONS FOR COURSE OF STUDY: _____

SPECIAL EDUCATION SERVICES? No Yes **504 PLAN?** No Yes **Current IEP/504 Plan must be attached to this referral.**

ENGLISH LEARNER (ELD)? No Yes Proficiency Level: _____ Primary Language Test: _____

GENERAL BACKGROUND INFORMATION

PROBATION: Is the student on probation at the present time? No Yes-Probation Officer Name: _____

Does the student have a court date pending? No Yes-Date attending court: _____

REFERRAL SOURCE/PLEASE FILL OUT COMPLETELY

1. Fax front to the Kern County Superintendent of Schools Office, Student Services at (661) 636-4127.
2. Give original to parent or guardian to be taken to Community School for enrollment.

FROM _____

_____	_____	_____
Print Referrer Name	Agency/School/District	
_____	_____	_____
Title	Telephone Number	Date of Referral

***Please notify community school immediately upon issuing this recommendation.**

Student and parent or legal guardian signatures authorize the Community School to share student performance information with the above mentioned related agencies. This form should be accompanied by a photocopy of immunization records and a transcript (high school students). If the student has an IEP or 504 Plan those documents must be attached to this referral. The signatures listed below represent a formal request to have the above named student referred to and enrolled in a Community School program. Transportation to and from school is the responsibility of the student/parent.

_____ Referrer's Signature (School)

_____ Referrer's Signature (Probation)

Student Signature

Parent/Legal Guardian Signature

Kelly F. Blanton Student Education Center

CLC-TECH

300 E. Truxtun Ave., Ste. A, Bakersfield, CA 93305
(661) 852-5600 • FAX (661) 852-5696

KELLY F. BLANTON ACADEMY

330 E. Truxtun Ave., Bakersfield, CA 93305
(661) 852-5700 • FAX (661) 852-5795

Community Learning Center (CLC)

222 34th St., Bakersfield, CA 93301
(661) 852-5500 • FAX (661) 324-0922

Community Learning Center Elementary

222 34th St., Bakersfield, CA 93301
(661) 852-5500 • FAX (661) 324-0922

Sillect Community School

3600 N. Sillect Ave., Bakersfield, CA 93308
(661) 327-8600 • FAX (661) 327-7276

East Kern Community School

3200 Pat Ave., Mojave, CA 93501
(661) 824-3111 • FAX (661) 824-3122

Lake Isabella Community School

6504 Lake Isabella Blvd., Ste. B, Lake Isabella, CA 93240
(760) 379-1020 • FAX (760) 379-1021

North Kern Community School

1915 Cecil Ave., Delano, CA 93215
(661) 721-2130 • FAX (661) 721-8618

West Kern Community School

301 North St., Taft, CA 93268
(661) 763-3612 • FAX (661) 763-3648

Special Education & Support Services

301 E. 18th St., Bakersfield, CA 93305
(661) 852-5712 • FAX (661) 852-5711