

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	Name(s) _____	Other Phone _____	
Or			
<input type="checkbox"/> LEGAL GUARDIAN	Address _____		

EDUCATIONAL BACKGROUND INFORMATION

In order to properly serve the referred student, all of the following information must be filled out completely by the referring district prior to enrollment in Community School.

LAST SCHOOL(S) ATTENDED: _____ Grades in progress? No Yes If yes, term: Fall Spring
Drop Date for Last School Attended: _____ Eligible to Enroll in Community School On: _____
Date Eligible to return to District of Residence: _____

ATTENDANCE: 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: 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? _____
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

EXPULSION ACTIONS: Expelled? No Yes Period of Expulsion _____ through _____
Expulsion hearing pending? No Yes Waived by agreement Parent informed of option to attend KCSOS Community School pending expulsion hearing
Ed Code Violation(s) Ed Code 48900 _____ Ed Code 48915 _____

VOLUNTARY ENROLLMENT (Ed Code 1981 (d)): No Yes Expected Period of Enrollment _____ through _____
Additional Information (Rehabilitation Plan Conditions, Other Conditions, etc.): _____

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: _____
MCKINNEY-VENTO? No Yes

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.

_____	_____
Student Signature	Referrer's Signature (School)
_____	_____
Parent/Legal Guardian Signature	Referrer's Signature (Probation)

Kelly F. Blanton Student Education Center – CLC Tech

300 E. Truxtun Ave., Suite A, Bakersfield, CA 93305

(661) 852-5600 / Fax (661) 852-5696

Instructional Method Offered: Classroom

Kelly F. Blanton Student Education Center – Blanton Academy

(Court Ordered or Probation Referred Students Only)

330 E. Truxtun Ave., Bakersfield, CA 93305

(661) 852-5700 / Fax (661) 852-5795

Instructional Method Offered: Classroom

Community Learning Center

Community Learning Center Elementary

222 34th St., Bakersfield, CA 93301

(661) 852-5500 / Fax (661) 324-0922

Instructional Methods Offered: Classroom and Independent Study

East Kern Community School

3200 Pat Ave., Mojave, CA 93501

(661) 824-3111 / Fax (661) 824-3122

Instructional Methods Offered: Classroom and Independent Study

Lake Isabella Community School

6504 Lake Isabella Blvd., Suite B, Lake Isabella, CA 93240

(760) 379-1020 / Fax (760) 379-1021

Instructional Methods Offered: Online Classroom and Independent Study

North Kern Community School

1915 Cecil Ave., Delano, CA 93215

(661) 721-2130 / Fax (661) 721-8618

Instructional Methods Offered: Classroom and Independent Study

West Kern Community School

301 North St., Taft, CA 93268

(661) 763-3612 / Fax (661) 763-3648

Instructional Methods Offered: Online Classroom and Independent Study

Special Education and Support Services

301 E. 18th St., Bakersfield, CA 93305

(661) 852-5712 / Fax (661) 852-5711