

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

**STUDENT INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 PARENT Name(s) \_\_\_\_\_ Other Phone \_\_\_\_\_  
 LEGAL GUARDIAN Address \_\_\_\_\_

**EDUCATIONAL BACKGROUND INFORMATION**

**LAST SCHOOL(S) ATTENDED:** \_\_\_\_\_  
Drop Date for Last School Attended: \_\_\_\_\_ Eligible to Enroll in Community School On: \_\_\_\_\_

**ATTENDANCE:**  Good  Satisfactory  Poor Recent period of non-attendance?  No  Yes How many? \_\_\_\_\_ Total days? \_\_\_\_\_  
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

**BEHAVIOR:**  Good  Satisfactory  Poor Recent suspensions?  No  Yes How many? \_\_\_\_\_ Total days? \_\_\_\_\_  
What was the most serious offense during the past 12 months? \_\_\_\_\_

**TYPE OF COMMUNITY SCHOOL REFERRAL: (select one and complete section)**  
 **EXPULSION ACTIONS:** Expulsion Dates: Start \_\_\_\_\_ End \_\_\_\_\_  
Ed Code Violation(s) Ed Code 48900 \_\_\_\_\_ Ed Code 48915 \_\_\_\_\_  
Expulsion hearing pending  No  Yes  
Parent informed of option to attend KCSOS Community School pending expulsion hearing  No  Yes  
 **VOLUNTARY ENROLLMENT (Ed Code 1981 (d)):** Enrollment Dates: Start \_\_\_\_\_ End \_\_\_\_\_  
Ed Code Violation(s) Ed Code 48900 \_\_\_\_\_ Ed Code 48915 \_\_\_\_\_  
Referral Reason (if no Ed Code violation, please provide reason for referral): \_\_\_\_\_  
Expulsion waived by agreement  No  Yes

**SPECIAL INSTRUCTIONS FOR COURSE OF STUDY:** \_\_\_\_\_

**SPECIAL EDUCATION SERVICES?**  No  Yes **504 PLAN?**  No  Yes **SST?**  No  Yes  
**ENGLISH LEARNER (ELD)?**  No  Yes Proficiency Level: \_\_\_\_\_ **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**

1. Fax front to the Kern County Superintendent of Schools Office, Student Services at (661) 852-5550.
2. Give original to parent or guardian to be taken to Community School for enrollment.

FROM \_\_\_\_\_  
Print Referrer Name \_\_\_\_\_ Email \_\_\_\_\_ 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, grades in progress 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 and/or referring district.

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

**Kelly F. Blanton Student Education Center  
Community Learning 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  
Community Learning Center – (CLC)  
Community Learning Center Elementary – (CLC Elem)**

330 E. Truxtun Ave., Bakersfield, CA 93305  
(661) 852-5500 / Fax (661) 324-0922

*Instructional Method Offered: Classroom and Independent Study*

**East Kern Community School**

15926 K St., Mojave, CA 93501  
(661) 824-3111 / Fax (661) 546-8789

*Instructional Methods Offered: Independent Study*

**Lake Isabella Community School**

*Physical Address:* 6504 Lake Isabella Blvd., Suite B, Lake Isabella, CA 93240

*Mailing Address:* 15926 K St., Mojave, CA 93501  
(661) 824-3111 / Fax (661) 546-8789

*Instructional Methods Offered: 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: Independent Study*

**Special Education and Support Services**

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