

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