

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

**STUDENT INFORMATION**

Name _____		Age _____	Grade _____	Date of Birth _____
Residence Address _____		City/Zip _____	Telephone _____	
<input type="checkbox"/> PARENT	Name(s) _____	Other Phone _____		
<input type="checkbox"/> 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 first page of referral to the community school recommended. Please see Community School fax number listed on page 2.
2. Retain copy of referral for your records and give original to parent/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