Office of John G. Mendiburu, Ed.D.
Kern County Superintendent of Schools
Advocates for Children

COMMUNITY SCHOOL REFERRAL/RECOMMENDATION

(Forms available at kcclc.org)

STUDENT INFORMATION

Name | Age | Grade | Date of Birth

Residence Address | City/Zip | Telephone

☐ PARENT
☐ LEGAL GUARDIAN

Name(s) _____ Other Phone _____

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; If yes, Hearing Date: ____/____/____

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: 3630 Golden Spur, #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
315 E. 18th St., Bakersfield, CA 93305
(661) 852-5712 / Fax (661) 852-5711