

ALTERNATIVE SCHOOL REFERRAL FORM

St. Clair County Schools
Ruben Yancy Alternative School
466 10th Street • Ashville • AL • 35953
Phone: 205-594-7492 Fax: 205-594-3258

\*\*\*\*Please call Alternative School Director or Counselor before completing this form.\*\*\*\*

[ ] First Referral Number of Days referred: \_\_\_\_\_

[ ] Second Referral Date student will return to base school: \_\_\_\_\_

FULL NAME OF STUDENT: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Services: \_\_\_\_\_ Vocational Services: \_\_\_\_\_

If Special Education – Copy of IEP – Copy of Manifestation Hearing (more than 10 days) must be attached.

Number of Suspensions (attach copies): \_\_\_\_\_

Class Violations (circle one): 1 2 3 4 Code(s): \_\_\_\_\_

Why does this student need placement at the Alternative School?
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

What has been done to modify this student's behavior?
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature of Principal/Assistant Principal

Date

\*\* Fax to Ruben Yancey Alternative School

\*\*\* Send original with parent to meeting.