

Alternative Community, and Correctional Educational Schools and Services

COMMUNITY SCHOOL REFERRAL

Student's Name:	A.1	K.A CA	ALPADS	
Last First	Middle		SID #:	
D.O.BGrade: Hm. Phone: Cell Phone:				
Last School Attended:				
Parent Guardian Caregiver Name:		Private/0	Charter: Yes No	
Address:	Cit	y:	Zip	
Please attach following items: Please provide the following				
Attendance Record Immunization Certificate Current Transcript Proof of withdrawal from last Special Education Y SAI DIS. S/L		ELPAC/CELDT-La English Only (EO) Initially Fluent English Initial Identification Da	☐Unknown Proficient (IFEP)	
school of attendance DIS/HEALTH DIS/HEALTH	DIS/HEALTH DIS/Counseling		Redesignated Fluent English Proficient (RFEP) Redesignated by District/Date	
reports (if applicable) District Sp. Ed. His	District Sp. Ed. History-Exited		English Learner (EL)	
	Transition to ACCESS		ELPAC/CELDT Proficiency Level 1st year enrolled in school in U.S Year enrolled in California Public School	
Yes No Individual Health Plan DEnrolled in U.S. Schools less than 3 Cumulative Years				
If yes, please attach AB 216, 167, 1806, 2306 paperwork (if applicable)				
REASON FOR REFERRAL				
□ Disruptive Behavior □ Teen Parent □ Inability to function appropriately in school □ Parent Request □ Substance Abuse □ Special Education Needs □ Expulsion □ Mandatory □ Non-Mandatory □ Runaway □ Medical □ Social Services □ Truancy (4 Dates:				
Other (Describe):				
ATTEMPTED INTERVENTIONS Beducational Counseling SARB Continuation High School Work Experience Schedule Modifications Suspension days Adult Education R.O.P.				
Comments: N/A for Pacific Coast High School				
RECOMMENDATION:				
ADMIN UNIT:				
Please check box if applicable : (For Office Use Only)	Section 1981	(c)		
Section 1981 (a) District Expulsion (1) Probation status 601 602 654				
Section 1981 (b) SARB Section 1981 (d) Parental Request/District Approval	(a) \square On prob	$25 \boxed{726} \boxed{72}$		
Section 1981 (d) Parental Request/ District Approval	. ,	d: Section 48915 (a) or (c)	ttendance in any school	
REFERRAL – REVIEW & CERTIFICATION				
Referring District/School Print CWA/Des	ignee Name and Title	Signature	Date	
Referring District/School Trint CWA/Des	ignee Name and Title	Signature	Date	
OCDE Representative Print Name and	Title	Signature	Date	
Probation Representative Print Name and		Signature	Date	
Certified pursuant to Orange County Juvenile Court Order Filed December 21, 2001 Juvenile Court Representative				
			Data	
Parent Guardian Caregiver Date				
Student Signature	t on Duchation (Dinla)	Deposit / Cuardian / C	Date	

CC: Community School (White), OCDE REP (Yellow), District or Probation (Pink), Parent/Guardian/Caregiver (Goldenrod)
Form100:10/23/18