

COMMUNITY SCHOOL REFERRAL/RECOMMENDATION

(Print or type. Complete in full.)

Auburn Community
3700 Auburn Street
Bakersfield, CA 93306
(661) 873-2360
(661) 873-2368 fax

**Blanton Education Center
Elementary (K-6)**
301 E. 18th Street
Bakersfield, CA 93305
(661) 852-5720
(661) 852-5724 fax

**Blanton Education Center
Junior High (7-8)**
330 E. Truxtun Avenue
Bakersfield, CA 93305
(661) 852-5700
(661) 852-5795 fax

**Blanton Education Center
High School (9-12)**
300 E. Truxtun Ave., Suite A
Bakersfield, CA 93305
(661) 852-5600
(661) 852-5696 fax

Community Learning Center
222 34th Street
Bakersfield, CA 93301
(661) 852-5500
(661) 324-0922 fax

**East Kern
Community School**
15926 K Street
Mojave, CA 93501
(661) 824-2713
(661) 824-9527 fax

**Lake Isabella
Community School**
6504 Lake Isabella Blvd., Ste D
Lake Isabella, CA 93240
(760) 379-1020
(760) 379-1021 fax

**North Kern
Community School**
2340 Norwalk Street
Delano, CA 93215
(661) 721-1359
(661) 721-8618 fax

**Ridgecrest
Learning Center**
206 S. Richmond St. Unit C
Ridgecrest, CA 93555
(760) 371-1422
(760) 371-3243 fax

**Sillect
Community School**
3600 N. Sillect
Bakersfield, CA 93308
(661) 327-8600
(661) 327-7276 fax

**West Kern
Community School**
301 North Street
Taft, CA 93268
(661) 763-3612
(661) 763-3648 fax

STUDENT INFORMATION

SS# _____ - _____ - _____

Name Age Grade Date of Birth

Residence Address City/Zip Home Telephone

PARENT Name(s) _____ Work Phone _____
Or

LEGAL GUARDIAN Address _____

EDUCATIONAL BACKGROUND INFORMATION

LAST SCHOOL(S) ATTENDED: _____

EXPULSION ACTIONS

Alternative to Expulsion? Yes No Ed Code 48900 _____

Expulsion hearing pending? Yes No Ed Code 48915 _____

Expelled? Yes No Ed Code _____

Period of Expulsion _____ through _____

Rehabilitation Plan Conditions: _____

SPECIAL EDUCATION

Does the student have an active IEP? Yes No

Date of IEP _____

ENGLISH LANGUAGE DEVELOPMENT

No Yes Level _____

ATTENDANCE (Required)

Please rate the student's attendance for the past six months (other than court schools):

Good Satisfactory Poor Notes: _____

Has there been a recent period of non-attendance? Yes No If yes, how long? _____ days/months.

BEHAVIOR (Required)

Please rate the student's school behavior for the past six months:

Good Satisfactory Poor Notes: _____

Have there been any recent suspensions? Yes No If yes, how many _____ Total days _____

What was the most serious offense? _____

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 _____

Has the student been enrolled in a court program? Yes No

If yes which one? Central School (Juvenile Hall, Pathways, ATC)
 Erwin Owen High School (Camp Owen)
 Central School (Jamison Children's Center)
 Redwood High School
 Other _____

OTHER (Cal Works/Department of Human Services/Kern County Mental Health)

Is there another agency (other than the schools and /or probation) involved in this referral? Yes No

If yes, please list agency and contact name: _____

REFERRAL SOURCE/PLEASE FILL OUT COMPLETELY

1. Fax front and back to the Kern County Superintendent of Schools Office, Student Services at (661) 636-4127.
2. Give original to parent or guardian.

FROM _____
Print Referrer Name Agency/School/District

_____ Title Telephone Number Date of Referral

***Please notify community school immediately upon issuing this recommendation.**

Special Instructions

K-8 Students _____

District promotion/retention guidelines: _____

Course of Study Requirements: _____

9-12 Students _____

Course of Study Requirements: _____

Return to: _____

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 and a transcript (high school students).** 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.

Student Signature

Referrer's Signature (School)

Parent/Legal Guardian Signature

Referrer's Signature (Probation)