

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

**STUDENT INFORMATION**

SSID# \_\_\_\_\_

Name	Age	Grade	Date of Birth
Residence Address	City/Zip	Telephone	
<input type="checkbox"/> PARENT Or <input type="checkbox"/> LEGAL GUARDIAN	Name(s) _____	Other Phone _____	
Address _____			

**EDUCATIONAL BACKGROUND INFORMATION**

**LAST SCHOOL(S) ATTENDED:** \_\_\_\_\_ Grades in progress?  No  Yes If yes, term:  Fall  Spring  
Drop Date for Last School Attended: \_\_\_\_\_ Eligible to Enroll in Community School On: \_\_\_\_\_

**ATTENDANCE (Required):** Please rate the student's attendance over the past six months (other than court schools):  
 Good  Satisfactory  Poor Has there been a recent period of non-attendance?  No  Yes If yes, how long? \_\_\_\_\_ days/months.

**BEHAVIOR (Required):** Please rate the student's school behavior over the past six months:  Good  Satisfactory  Poor  
Recent suspensions?  No  Yes How many \_\_\_\_\_ Total days \_\_\_\_\_ What was the most serious offense during the past 12 months? \_\_\_\_\_

**EXPULSION ACTIONS:** Expelled?  No  Yes Period of Expulsion \_\_\_\_\_ through \_\_\_\_\_

Expulsion hearing pending?  No  Yes Alternative to Expulsion?  No  Yes

Ed Code Violation(s) Ed Code 48900 \_\_\_\_\_ Ed Code 48915 \_\_\_\_\_

Rehabilitation Plan Conditions: \_\_\_\_\_

**SPECIAL INSTRUCTIONS FOR COURSE OF STUDY:** \_\_\_\_\_

Return to: \_\_\_\_\_

**SPECIAL EDUCATION SERVICES?**  No  Yes **504 PLAN?**  No  Yes

**ENGLISH LEARNER (ELD)?**  No  Yes Proficiency Level: \_\_\_\_\_ Primary Language Test: \_\_\_\_\_

**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/PLEASE FILL OUT COMPLETELY**

1. Fax front to the Kern County Superintendent of Schools Office, Student Services at (661) 636-4127.
2. Give original to parent or guardian to be taken to Community School for enrollment.

FROM \_\_\_\_\_ 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 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)

**Auburn Community**

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

**Blanton Education Center, Elementary**

301 E. 18th Street, Bakersfield, CA 93305  
(661) 852-5720 • (661) 852-5724 fax

**Blanton Education Center, (CLC Tech) and Cal SAFE**

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**

1915 Cecil Avenue, 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

**Special Education & Support Services**

301 E. 18th Street, Bakersfield, CA 93305  
(661) 852-5712 • (661) 852-5711 fax