



Project D.R.E.A.M.

Student Referral Form

Fax to Foster Youth Services of Kern County:

661.636.4501

Today's date: _____

Male Female

Child is a: Ward Dependent

Date of Birth mm/dd/yyyy: _____

Name: _____
Last Name First Name Middle Name/Initial

Placement Officer:

Attorney:

Phone:

Phone:

E-Mail

E-Mail:

Child's Placement Information

Child placed in a: Foster Home Group Home Phone Number: _____

Caretaker/Group Home: _____ Placement date: _____

Address: _____
Mailing Address City Zip Code

Previous placement: _____ Previous placement date: _____

Child's Education Information

Current School (school name): _____ Placement date: _____

Current grade: _____ Special Education: Y or N IEP _____ Section 504 in place
Date of IEP

Educations Rights Holder: _____
Name Relationship Phone

If in high school, has student passed CAHSEE (s) Math Reading

History of Suspension/Expulsion: Y N If yes, how many to date: _____

History of Truancy: Y N

Please identify any additional educational concerns you have for this child and/or explain why you think tutoring would benefit this child's education. _____

